R-18

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service
Centers for Disease Control

Memorandum

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Date	August 16, 1982
From	Assistant to Director for Field Activities Office of Center Director
Subject	Rape Prevention and Services Bibliography
To	Project Officers, Preventive Health and Health Services Block Grants

To assist you in your efforts towards rape prevention and related services, provided for in the Preventive Health and Health Services Block Grants to States, we have prepared this technical resource. Please note that unless otherwise indicated, the Centers for Disease Control is not the source for obtaining the individual items listed in this resource. The source of each item is provided with the abstract or on page v of the resource.

We hope this item will be helpful to you.

Tom G. Ortiz
Tom G. Ortiz

cc:
HHS Regional Offices

HE 20.7019:

RAPE PREVENTION AND SERVICES TO RAPE VICTIMS

1982

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READEX FICHE

This report was prepared by Herner and Company under Contract No. 200-81-0632 for the Center for Health Promotion and Education, Centers for Disease Control, Public Health Service, U.S. Department of Health and Human Services. Contents should not be construed as the official policy of the Center for Health Promotion and Education or any agency of the Federal Government.

INTRODUCTION

One of the program authorities within the Preventive Health and Health Services Block Grant is for rape prevention and services to rape victims. In almost all States, the official State health agency is responsible for administering these grants; yet, experience in dealing with this health problem varies from State to State. To assist State health agencies, the Centers for Disease Control, specifically its Office of the Director and its Center for Health Promotion and Education, have collaborated to identify relevant literature, programs, and services that relay information which might be of technical assistance to these agencies and helpful as initial resources.

The abstracts included were obtained by a review of Federally operated computerized data bases as well as some private sector data bases. Abstracts located from the Federal sources, principally the National Criminal Justice Reference Service (NCJRS) and the Educational Resources Information Center (ERIC), were included without change, whereas items located in private data bases were obtained, reviewed, and abstracted. Information is provided indicating where the full report may be obtained as well as whom to contact for additional data on programs. We hope this resource will be helpful.

HOW TO USE THE BIBLIOGRAPHY

Rape Prevention and Services to Rape Victims contains two types of records: abstracts of published literature and program descriptions. These records are arranged in chapters according to their major subject area. Within each chapter, citations and abstracts of documents appear first, followed by descriptions of programs. Document citations are arranged in alphabetical order by the primary author's name, and program descriptions are arranged in alphabetical order by the title of the program. A sequential, three-digit accession number has been assigned to each item. Program accession numbers are followed by a "P" to indicate that the item is a program.

Each document is uniformly identified and described by the elements labeled in the sample below:

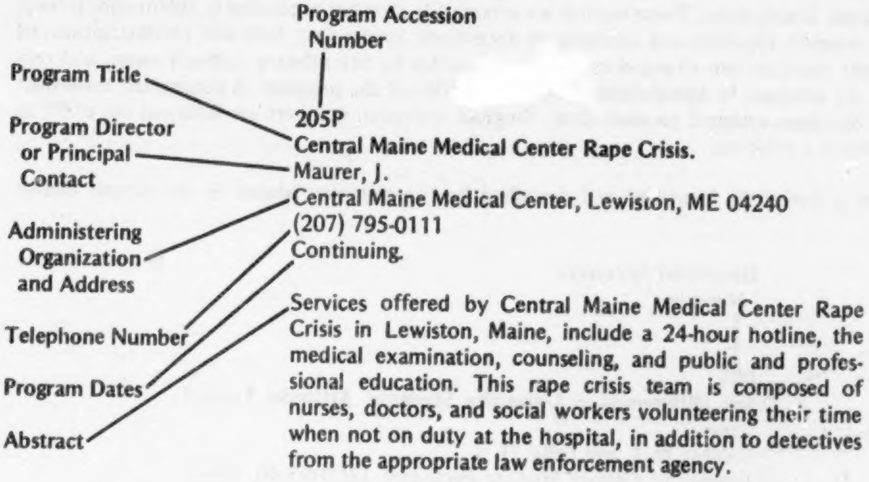
Document Accession Number	003
Document Title	Sex Differences in University Students' Attitudes Toward Rape.
Personal or Corporate Authors	Barnett, N. J. and Feild, H. S.
Journal Citation or Publication Source	*Journal of College Student Personnel* 18(2):93-96, March 1977.
Abstract	This study investigated the nature of sex differences among university students' attitudes toward rape. Results showed males were quite different from females in their attitudes and tended to support many myths regarding rape. Implications of the results concerning the nature and prevention of rape on college campuses are discussed.
Abstract Source*	(ERIC)

The distributor from which a document is available to the public may be given as the last element in the citation. The most commonly cited distributors and their acronyms are listed below. Price information may be obtained from the supplier at the address given by specifying the order or stock number of the document and the form, hard copy or microfiche, desired. If the document is available from a distributor other than those listed, the address of the alternate distributor is provided.

Available from GPO:	Document is sold by the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402, in hard copy.
Available from ERIC:	Document is available from the Educational Resources Information Center Document Reproduction Service (EDRS), P.O. Box 190, Arlington VA 22210, in hard copy or microfiche.
Available from NCJRS:	Document may be obtained from the NCJRS Microfiche Program, Box 6000, Rockville, MD 20850, in microfiche. Include a self-addressed mailing label.
Available from NTIS:	Document may be purchased from the National Technical Information Service, U.S. Department of Commerce, Springfield, VA 22161, in hard copy or microfiche.

*The abstract source is provided if the abstract was taken without change from either the ERIC or NCJRS data base.

Each program description is uniformly identified and described by the elements labeled in the sample below:


Program Accession Number
Program Title
Program Director or Principal Contact
Administering Organization and Address
Telephone Number
Program Dates
Abstract

205P
Central Maine Medical Center Rape Crisis.
Maurer, J.
Central Maine Medical Center, Lewiston, ME 04240
(207) 795-0111
Continuing.

Services offered by Central Maine Medical Center Rape Crisis in Lewiston, Maine, include a 24-hour hotline, the medical examination, counseling, and public and professional education. This rape crisis team is composed of nurses, doctors, and social workers volunteering their time when not on duty at the hospital, in addition to detectives from the appropriate law enforcement agency.

The bibliography contains two indexes. The Author Index contains the names of personal and corporate authors of documents and directors of programs. The Subject Index contains subject descriptors, including geographic locations, for both documents and programs. Listed under each index item are the accession numbers of the pertinent abstracts or program descriptions.

OVERVIEW OF PREVENTION

001
Crime Prevention.
Atlanta, (Ga.), Metropolitan Atlanta Crime Commission, 275 p., 1977.

This manual was designed to assist local police and community groups in developing, implementing, and evaluating cooperative crime prevention programs. The methodology a police department or citizens group should use in identifying the extent and nature of their crime and victim problems is discussed. Also included is a collection of some strategies which have been developed by various jurisdictions throughout the Atlanta metropolitan area and the United States to initiate citizen involvement in crime prevention. It is acknowledged that the report is not an exhaustive listing of all crime prevention programs. Rather, it is a summary of some of the more successful programs. First, a brief background statement familiarizes the reader with each particular program and its objectives. This is followed by a listing of key steps to consider when implementing the program discussed. There is also a description of some of the pamphlets, brochures, forms, decals, and the like, which have been used by several jurisdictions in association with the particular programs being considered. Some of the programs discussed have to do with the prevention of robbery, burglary, rape, auto theft, and larceny. Programs designed to prevent prevalent crimes against women, youth, and senior citizens are also treated. The appendices include a bibliography, a list of crime prevention films and slides, and a description of metropolitan Atlanta crime prevention units. (NCJRS)

002
The Problem of Rape on Campus.
Association of American Colleges, Washington, D.C. Project on the Status and Education of Women.
Washington, D.C., the Project, 9 p., 1978.
Available from: ERIC; Order No. ED-162 573.

This paper on rape on the campus addresses the following topics: definitions of rape and sexual assault; the incidence rate; attitudes about rape; the impact of rape on women's educational opportunity; legal implications, including Title IX of the Education Amendments of 1972; institutional responsibility and liability; the meaning of prevention, guidelines for reducing rape on campus; and victim services and treatment. Appendices present a list of written materials and films on rape and a brief discussion on the issue of whether or not to resist rape. (ERIC)

003
Sex Differences in University Students' Attitudes Toward Rape.
Barnett, N. J. and Feild, H. S.
Journal of College Student Personnel 18(2):93-96, March 1977.

This study investigated the nature of sex differences among university students' attitudes toward rape. Results showed males were quite different from females in their attitudes and tended to support many myths regarding rape. Implications of the results concerning the nature and prevention of rape on college campuses are discussed. (ERIC)

004
Relationship Between Degree of Sexual Assault, Antecedent Conditions, and Victim-Offender Relationship.
Byers, E. S., et al.
Paper presented at the Annual Convention of the American Psychological Association (Toronto, Ontario, Canada, August, 1978), 14 p., 1978.
Available from: ERIC; Order No. ED-170 645.

The incidence of sexual assault among 800 randomly selected university women is examined. Four degrees of sexual assault are defined: forceable intercourse, forceable attempted intercourse, forceable petting, and forceable necking. The incidence of sexual assault, the antecedent conditions to the assault, and the type of victim-offender relationship prior to the assault are the particular foci of the research. Thirty-eight percent of respondents had been victims of sexual assault, of whom 77 percent reported one or more incidents of attempted intercourse or intercourse against their will. Of the offenders, 86 percent were previously known to the victim. Sexual assault constitutes a serious societal and mental health problem. Studies based on police reports and those restricted to rape victims only are inadequate, due to the numerous inconsistencies with the present findings. Suggestions are provided for research aimed at developing effective prevention strategies. (ERIC)

005

California--Rape: The Crime and Its Prevention.

California State Office of the Attorney General, Los Angeles. Crime Prevention Unit.
Los Angeles, Calif., the Office (Information Pamphlet No. 12), 24 p., 1978.
Available from: NCJRS; Accession No. 059572.

A pamphlet directed to the public defines rape, the extent and reasons for it, victim treatment, legal remedies, and prevention. Rape crisis centers are listed. Rape is sexual intercourse with a female not the wife of the perpetrator when violence or threat of violence is present, the woman gives no consent, or submits believing that the person committing the act is her husband. The root cause of rape is the wish to humiliate or dominate, and involves not only sexuality but power and anger. Rape is usually planned; opportunity and the vulnerability of the victim contribute to success. Other contributing factors are living arrangements, personality, lifestyle and the use of alcohol. Some of the common myths about why rape occurs are discussed. The criminal justice system must respond to, and support the rape victim. Investigative, trial, and correctional procedures are outlined, and the options open to rape victims are outlined. These range from doing and reporting nothing to reporting the crime with intent to prosecute. Specific suggestions for prevention are made for the home, driving, walking, and hitchhiking. Rape crisis center addresses and phone numbers in California are listed. Footnotes are included. (NCJRS)

006

USACIDC (US Army Criminal Investigation Command) Suggestions for Rape Prevention in Your Command.

Department of the Army Criminal Investigation Command, Falls Church, Va. Crime Prevention Div.
Falls Church, Va., the Division (Quarterly Crime Prevention Report, Special Supplement), 29 p., (198-).

Because the Army has experienced a steadily rising trend in reported rapes since early 1979, this manual has been prepared for commanders to use in their rape prevention programs. Following a brief discussion of problems involved in investigating rape, the manual emphasized that longstanding Army attitudes toward women at all levels must be changed in order to prevent increases in rape. Because of the anticipated increase in the Army female population and the ineffectiveness of traditional approaches which focus on female victims, Army commanders must assume a proactive role in combating rape. The role that the Installation Crime Prevention Council can play in assessing the rape problem and designing a prevention program is described. A survey which interviewed female soldiers on post activities, rape prevention education, male attitudes, and accommodations is included, along with an extract from a paper on handling male soldiers who consider rape acceptable behavior. A rape prevention program for support personnel as well as potential victims is outlined and includes orientation for new recruits, semiannual training for soldiers and civilian employees, training for dependents, and a publicity campaign. The following materials which should be incorporated into various levels of training are provided: definitions of rape, carnal knowledge, and sodomy; punishments for sex offenses under military law; a discussion of false accusations; self-defense options; and myths and facts about rape. Films and videotapes are suggested. A bibliography contains 37 books and pamphlets with some annotations and over 30 articles and short studies. A lesson plan is presented which covers the effects of rape, characteristics of the rapist, patterns of rapists, prevention tactics, and rape investigations. (NCJRS)

007

The Sexually Assaulted Female: Innocent Victim or Temptress?

Geller, S. H.
Paper presented at the Annual Convention of the Canadian Psychological Association (Quebec City, Quebec, June 20, 1975), 4 p., 1975.
Available from: ERIC; Order No. ED-147 672.

The Toronto Transit Commission employees were on strike for 23 days, producing a total shut-down of all public transportation and a resulting increase in the number of hitch-hiking females. The strike provided a novel and unique opportunity to empirically examine two theories of sexual assault and to evaluate the effects of hitch-hiking upon sexual offenses. During the strike the number of sexual offenses against hitch-hiking females increased nine times and accounted for 12.86 percent of all sexual offenses as compared to 1.59 percent during the pre-strike periods. The total number of sexual offenses was unaffected by the strike. The results disconfirm the theory that sexual offenses are victim-provoked, and support the theory that the female victim is not responsible for the offense. Five preventive measures were proposed to reduce the incidence and severity of sexual offenses. (ERIC)

008

Adolescents' Cues and Signals: Sex and Assault.

Giarrusso, R., et al.
Paper presented at the Annual Meeting of the Western Psychological Association (59th, San Diego, California, April 5-8, 1979), 12 p., 1979.
Available from: ERIC; Order No. ED-176 161.

Acquaintance rape has been found to occur with disturbing frequency in an adolescents' social world. Unlike stranger rape, acquaintance rape, particularly dating rape, takes place in the context of normal social activity. In 1978, 432 adolescents, ages 14-18, were interviewed in the Los Angeles area: half male, and half female, and one-third drawn from each of the three major ethnic groups--Blacks, Hispanics, and other Whites. Attitudes toward the opposite sex, sexuality, sex roles, rape, power, and violence, along with behavioral expectations, perceptions and norms about dating were measured, as were sex differences in the acquisition of attitudes and expectations. The results showed that boys and girls possessed different perceptions of what interpersonal cues signaled sexuality, and when, if ever, sexual assault was justified. These differential perceptions pointed to potential conflict between possible dating couples, and were related to views of sexuality, power, sex roles, and rape. Suggestions were made as to possible research and intervention to facilitate positive socialization outcomes. (ERIC)

009
Rape Prevention: Everybody's Business.
Gilpatric, P.
Military Police Law Enforcement Journal 2(2):20-23, Summer 1975.

Following discussion of problems attendant to handling rape offenses, some prevention suggestions are offered for use in a sexual assault prevention program, with points peculiar to programs conducted by military police. Prevention hints are divided into three categories: steps to prevent unnecessary sexual assaults; what to do if assault seems imminent; and what measures to take if a person becomes a victim. (NCJRS)

010
Freeing Our Lives: A Feminist Analysis of Rape Prevention.
Graff, S.; MacCrate, E.; MacCarthy, K.; and Sparks, C., eds.
Columbus, Ohio, Women Against Rape, 32 p., 1978.
Available from: Women Against Rape, P.O. Box 02084, Columbus, OH 43202.

This feminist analysis of rape prevention probes the causes and consequences of rape and suggests ways to prevent it. This analysis of rape explains its widespread existence as an outcome of a patriarchal social structure. Rape prevention thus calls for fundamental changes in the relationship between women and men. The factors which contribute to women's vulnerability to rape are lack of information about and understanding of rape; women's subordinate relationship to men; women's socially reinforced physical weakness and passivity; women's isolation from other women; and women's isolation in the community. Preventing rapes means more than reducing the incidence of rape or providing security for some women. Prevention means eliminating rape so that all women will be free from the threat of assault. Strategies which all women can implement to reduce their vulnerability to rape include redefining rape in terms of shared knowledge and experience and making rape a public issue; changing the power-dependence relationship between men and women in a patriarchal culture; developing physical strength and skills; asserting feminist rights; learning to recognize feminist power as a group; organizing for common defense in neighborhoods; and making women's safety a community project. Photographs illustrate the booklet. (NCJRS)

011
Rape Stereotypes and Fear: A Control Paradox.
Heath, L., et al.
Paper presented at the Annual Convention of the American Psychological Association (87th, New York, N.Y., September 1-5, 1979), 20 p., 1979.
Available from: ERIC; Order No. ED-193 548.

The relationship between women's perceptions of rape controllability and their fear, worry, concern, and perceived risk associated with rape is examined from in-person interviews with women (N equals 58) in Chicago, San Francisco, and Philadelphia. Women's response to descriptions of the "typical rape" were used to divide them into those with high rape control perceptions, low rape control perceptions, and indeterminate rape control perceptions. Regression analyses showed that women with low rape control perceptions--those who believed rapes happen anywhere, any time to anyone--showed higher fear, worry, and risk levels than those with high rape control perceptions. There was no difference between the amount of concern about rape shown by the two control groups. Findings suggest that women can be alerted to the dangers of rape without having their fear level raised unnecessarily. Rape education efforts need not focus solely on totally uncontrollable rapes in order to reach audiences; they should address the entire spectrum of rape experiences. (ERIC)

012
Speak Out on Rape.
Hyde, M. O.
New York, McGraw-Hill, 157 p., 1976.

General information on the nature and causes of rape, the type of persons who become rapists, and the types of preventive, deterrent, and victim-supportive actions that can be taken or are already in effect. The book is designed to increase public awareness and to urge citizens to support such measures as rape crisis centers, hotlines, reform of outdated laws, and improved emergency treatment. The discussion included the problem of sexual abuse of children as well as of adults. (NCJRS)

013

Belief in Rape Myths: The Role of Gender, Attitudes Toward Women and Knowledge of Rape.

Latta, R. M.

Paper presented at the Annual Meeting of the Midwestern Psychological Association (51st, Chicago, Illinois, May 3-5, 1979), 13 p., 1979.

Available from: ERIC; Order No. ED-176 184.

Degree of belief in rape myths as determined by participant gender, attitudes about the role of women in contemporary society, and factual knowledge of rape was investigated in a sample of 118 male and 126 female college students. The results support the general assumption that a rape ideology exists which involves components of belief in rape myths, factual knowledge of rape, gender, and attitudes toward women as a group. Specifically, liberated people were found to disagree with rape myths more than unliberated people, females disagreed more than males, and knowledge of rape was negatively related to degree of belief in rape myths. Experimental studies of the effects of education about the facts of rape on beliefs and assumptions about rape is called for to validate these findings. (ERIC)

014

Rape Prevention--Information Package.

National Crime Prevention Inst., Louisville, Ky.

Louisville, Ky., the Institute, 177 p., (19--).

This manual with information on how to conduct rape prevention programs contains material from a wide variety of sources. Producing a specialized program requires a high degree of professional expertise and special knowledge. The information package is based on this premise and is intended to be an educational and planning tool in rape prevention. Components of a successful rape prevention program are the academic treatment of issues in rape and child molestation, public information, programs specifically related to rape prevention, neighborhood organizations, and residential security. An additional component of a successful program is an evaluation mechanism, although there appears to be no appropriate tool available in rape prevention material reviewed in the compilation of the information package. The manual has seven sections and deals with the following: (1) sexual victims, child rape, crisis intervention, investigation of forcible rape, and incest fantasies; (2) rape prevention through the establishment of a national center; (3) principles and applications of public information developed by the Texas Crime Prevention Institute; (4) assertiveness as a function of rape prevention, changing sex role stereotypes in primary rape prevention strategies, and self-protection for women; (5) block club organizers, anticrime task forces, whistle stop, and miniguard shrill alarms; (6) a home inspection handbook prepared by the police department in Tacoma, Wash.; and (7) a bibliography on rape prevention. Capacity for sentencing by individual judicial officers, and sentencing by multidisciplinary tribunals of judicial officers and behavioral scientists are discussed as alternatives to sentencing by single, unadvised judicial officers. Suggestions are also offered for the training of judicial officers in sentencing. (NCJRS)

015

School Violence Survey, Fall 1978.

New Jersey School Boards Association, Trenton.

Trenton, N.J., the Association, 61 p., 1978.

Available from: ERIC; Order No. ED-188 321.

This report presents a study into the nature and extent of violence in the New Jersey public schools, including findings and recommendations. A mailed questionnaire elicited 1,387 responses from 56 percent of the schools' principals. The first section of the questionnaire sought an indepth profile of the reporting school concerning enrollment, socioeconomic status, community type, and other factors. Data were also sought on recordkeeping practices for reports of violent acts, and judgments about the change in the number of violent acts over the last 2 years. The second section asked about the extent and site of reported violence in the categories of sex offenses, robbery, assault, weapons possession, drug abuse, and alcohol abuse. Also requested was an estimate of suspected or unreported violence. The data were analyzed in terms of frequencies, means, and percent. Specific findings are presented and analyzed according to grade plan and school characteristics variables. The study found that the extent of violence reported in New Jersey public schools during the survey period increased from an average of 4 incidents per year per elementary school to 13 per middle or junior high school, to 22 per year per secondary school. Recommendations include the suggestion that boards of education with secondary schools establish as a high priority an investigation and promulgation of means to combat violence in their schools. Programs recommended by responding principals to deter violence were classified into four categories: community, faculty, students, and action. Community programs include policy-community programs and school meetings with parents, while faculty programs involve monitoring the school's lunch and play areas and periodic checks of lavatories. Students' programs include the requirement that all female students travel in pairs and establishment of student orientation and student safety patrols. Action programs include the establishment of firm discipline rules and a one-half hour lunch period to reduce free time. Tables and appended materials are supplied. (NCJRS)

016
Rape: Prevention and Assistance.
Queen's Bench Foundation, San Francisco, Calif.
San Francisco, Calif., the Foundation, 125 p., 1976.

This report is the result of Queen's Bench Foundation's research into the circumstances of rape, the modes of rapists, and the strategies used by rape victims and attempted rape victims to resist sexual assault. The Queen's Bench Foundation is a non-profit organization of women attorneys and judges who received United States Department of Justice Funding in 1974 to explore the psychological and social impact of rape on victims and to evaluate the San Francisco agencies which respond to them. This report presents the results of two studies conducted by the foundation: one of rape victims and one of rape offenders. In both the major focus was the same: what are the consequences of victim resistance to rape? The Foundation was interested in the circumstances under which resistance deterred the rape attack, the particular kinds of resistance that were successful, and the circumstances under which certain kinds of resistance provoked increased violence. The victim study presents information on the behaviors of women who have faced rape attacks, the characteristics of the attack situations, and the response of the assailants. Differences between the victim of completed rapes and attempted rapes were compared in an effort to measure the effectiveness of various resistance techniques. While the offender study had the same primary goals, rape was analyzed from the perspective of the offenders. The rapist's aims, his selection of a victim and planning of the attack, his perception of provocation of the attack, and his response to victim behavior during the attack were considered. In addition, offenders' ideas about prevention of rape were solicited. Based on the results of these studies, conclusions are presented on the common patterns of assault, the differences between rapes and attempted rapes, the frequency and causes of victim injury, and the methods of preventing rape. The appendixes include an outline for a suggested rape prevention workshop and a short paper on the impact of sexual assault on victims. (NCJRS)

017
Sexual Attack and the Crime of Rape.
Roucek, J. S. and Rahmas, D. S., eds.
Charlotteville, N.Y., SamHar Press (Topics of Our Times; No. 13), 29 p., 1975.

An overview of the nature and scope of the rape problem in contemporary society, emphasizing the problems of prosecution and prevention. Also considered are the sociological and psychological factors involved, trends, and conceptual problems. (NCJRS)

018
Victims of Rape.
Scarpitti, F. R. and Scarpitti, E. C.
Society 14(5):29-32, July-August 1977.

The evolving attitudes toward the crime of rape and its victims are discussed. Concern about rape and its effects may be growing because of three interrelated factors: changing standards regarding the depiction and discussion of sex and violence; a dramatic increase in the number of rapes that are being reported to police; and a rising consciousness about rape on the part of women. Also, rape is being viewed more frequently as a crime of violence rather than a crime of passion. The changing public attitudes toward rape are also being reflected in the actions of jurors. In 1975, 42 percent of the adults prosecuted for rape were found guilty, while 12 percent were convicted of offenses of a lesser degree. The rape victim need no longer assume that she will be humiliated, shamed, or disbelieved in her attempt to seek justice. It is argued that present rape laws are sexist because they emphasize a woman's sexuality rather than her rights as a person. It is suggested that rape be viewed as one of many types of sexual violations that are equally reprehensible and not sex-specific. A comprehensive, sex-neutral offense might be termed sexual assault, sexual battery, criminal sexual conduct, or criminal sexual contact, and would focus attention on a person's being criminally assaulted rather than on a woman's body being defiled by rape. Rape within a marriage is still not a crime in the U.S., although laws in Australia have made women equal partners in marital sex who have the right to deny intercourse. It is suggested that the most effective means of combating rape is to educate the public against sexism. The incidence of rape will not be significantly altered unless there is a meaningful change in the public values which determine the role of women in society. (NCJRS)

019
Rape in the United States.
Schiff, A. F.
Journal of Forensic Sciences 23(4):845-851, October 1978.

Reasons for the increase in the number of rapes in the U.S., 1967-1977, are suggested, and changes in public attitudes toward the victim, official attitudes toward the rapist, and legal attitudes towards both are traced. After a review of statistics concerning rape in the United States, it is concluded that the rising number of rapes can be attributed to a complex combination of sociocultural and socioeconomic factors, including a transient population, weakening laws, and the general rise in crime rates. The public change in attitude toward victims is traced from unsympathetic attitudes prevailing before the 1960's through the establishment of rape-crisis centers and the provision of female officers to secure the victim's testimony in the 1970's. Changes in attitudes toward the rapist are also documented. The present emphasis is on treatment for offenders. In virtually all 50 States laws governing rape have their roots in English common law. This common law is examined and the relationship to present-day rape law traced. Since 1974 many States have revised their rape laws to obtain convictions more easily and to extend the definition of rape to include both males and females, thus eliminating the old sodomy statutes. The Florida law is examined in detail and examples are also included from Michigan's new rape law. Revisions in the statutes of New York and Ohio are briefly mentioned. Important components of all these laws are the elimination of the need for corroborating testimony, protection of the victim's right to privacy, and the broadening of the rape definition to include assorted acts which are called "sexual battery." These changes are explained briefly. References are included. (NCJRS)

020
Control of Campus Rape: An Overview of Individual Tactics and Environmental Design.
Schultz, L. G.
Paper presented at the 84th Annual Convention of the American Psychological Association, Washington, D.C., September 3-7, 1976, 19 p., 1976.
Available from: ERIC; Order No. ED-137 666.

The incidence of campus rape is analyzed with regard to victims, primary and secondary prevention, direct care of victims, programs for rapists and victims, rape law reform, law enforcement, and litigation. A survey of 20 university police departments on predominantly large campuses revealed a total of 76 reported rapes in 1974. Another study indicated 332 rape victims in one campus community during 1976. Although numerous other studies have been conducted to ascertain the extent of rape on campuses, the imperative to document a strong case based on evidence remains. Individualized approaches to primary and secondary prevention are needed. Primary prevention refers to acts a potential victim may take to prevent being raped. Secondary prevention means acts a victim may take to prevent recidivism. A sound sex education program in schools at the beginning of adolescence is advocated, along with assertiveness training for college females. Sexual liberation is also viewed as one way of making sex more available and thereby reducing the need to use force in sexual activities. With regard to services for victims and potential victims, the rape prevention and treatment movement has involved the establishment of rape crisis centers. Rehabilitative services are offered to all rape victims, including medical assistance, counseling, emergency transportation, and supportive assistance. There are also some treatment programs that have been successful in reducing recidivism by rapists. These programs aim at humanizing the sexual drive, teaching emotional release through physical contact with therapists, using androgen-depleting hormone treatment, using the sexual furlough and conjugal visiting, using video tapes of rape victims and rapists, hiring more female workers in prisons, and establishing sexually-integrated prisons and special prisons for homosexual lifestyles. Governmental programs designed to assist victims of crime in general may have special relevance to campus rape victims. Police response to rape prevention has encompassed inservice training, crisis intervention, sensitive interrogation, more use of female officers, and more effective evidence collection techniques. Under reformed rape laws, victims need not prove resistance, the victim's previous sexual conduct is in most cases inadmissable, taxpayers bear the medical costs of rape, and a second conviction of rape results in mandatory sentencing to a correctional institution. The use of litigation is an effective means of social change and social policy formulation and implementation. Ways of better protecting the university setting are suggested. Footnotes are included. (NCJRS)

021
Sexual Assault.
Sheehan, Phinney, Bass and Green Professional Association.
23 p., 1977.

Profiles of the victim and the rapist are presented, the typical reasons for and locations of rape considered, and preventive measures and defensive tactics suggested, along with postassault procedures. All females, regardless of race, age, socioeconomic status, lifestyle, or appearance, are potential victims for the rapist. The most vulnerable target is the woman alone at any time of day or night in any circumstance. The rapist is most often an emotionally unstable man who appears to function in a reasonably normal and competent manner. He generally has difficulty in establishing long-term relationships, and his victims are often those with whom he had some contact. Rape is more a crime of aggression stemming from frustration and insecurity than a means of sexual gratification. Rapists wish to humiliate and degrade their victims and must always be considered potentially violent and dangerous. While rape can and does occur virtually anywhere, the largest single grouping of reported incidents is either in the home of the victim or the home of the assailant. Other potentially hazardous areas are listed. Preventive measures in the home, car, and on the street are outlined and general precautions are stated. Alternative tactics that might be used in the event of attack must be selected on the basis of the situation in which the threat occurs. Sometimes, screaming "fire" or "call the police" (not "rape" or "help") or blowing a whistle may frighten an assailant. But it may only incite the rapist to a more violent attack. Running away or talking calmly to the offender so he may perceive his victim as a person rather than an object are alternative tactics to avoid attack. Fighting should be the last resort, and the tactic chosen should severely incapacitate the assailant. Such tactics are offered. Postassalt procedures for victim treatment and aiding the police in catching the rapist are described, and a message to families and friends of rape victims is given. It is noted that boys and occasionally men are also victims of rape. This document is intended for general distribution to the citizens of Florida. (NCJRS)

022
Sexual Assault: the Victim and the Rapist.
Walker, M. J. and Brodsky, S. L., eds.
Lexington, Mass., D.C. Heath, 196 p., 1976.

A collection of 15 articles which raise the complex issues of causes and prevention of rape and show the range of current developments in dealing with the victim and understanding rape. This book contains a selection of essays by leading figures in this field and the texts of several presentations made at a 1975 conference on rape research and prevention. An examination of assumptions about the nature of sexual assault and how they are related to prevention strategies is first presented. The ways in which the criminal justice system defines, perceives, and handles sexual assaults are then discussed. Several articles on the victims of rape examine the consequences of rape for most victims and review some innovative approaches to lessening these traumas. The prevention of rape, treatment of the rapist, and possible causes of rape are also discussed. Finally, innovative laws and methods of dealing with the victim and rapist are explored. (NCJRS)

023
Rape–Research, Action, Prevention: Proceedings of the Sixth Alabama Symposium on Justice and the Behavioral Sciences.
Walker, M. J., ed.
(S.l.), University of Alabama, 200 p., 1975.
Available from: NCJRS; Accession No. 028708.

Included in these conference proceedings are the texts of papers presented at the conference, summaries of the conference workshops, and summaries of the discussion groups. Among the topics addressed in this conference were treatment of the rape victim, measures of rape victimization, rape laws and rape investigations, treating the rape offender, rape prevention, and the effect of victimization on the rape victim. (NCJRS)

024
Use of Pamphlets in Rape Prevention Programs.
Whitehead, L. V.
Military Police Law Enforcement Journal 3(3):50-53, Fall 1976.

This article underscores the importance of pamphlets in helping to educate about the rape issue. The contents of most pamphlets tend to present information on how to prevent rapes, or on what should be done if a rape has occurred, or on the crime of rape, including facts about rapists and their victims. The author found that some pamphlets vary in their opinion of whether resistance should be used in case of rape. The pamphlets put out by women's groups are generally more comprehensive than those produced by police departments. Pamphlets should always include the most up to date information and advice for the potential rape victim. (NCJRS)

025
Men Against Rape–What You Should Know.
Wickenkamp, C. K. and Rausch, D. K.
Long Beach, Calif., Direct Mail Advertising and Printing, 10 p., 1977.
Available from: Direct Mail Advertising and Printing, 2461 Gardena Ave., Long Beach, CA 90806.

Misconceptions regarding rape, frequency, how to recognize a rapist, rape prevention measures, and supportive actions to be taken with the victim of rape are discussed in this brochure. Rape is the act of sexual intercourse committed by a man against another person without his or her consent. Rape can occur between strangers, acquaintances, and friends. Several misconceptions about rape persist despite convincing evidence. First, studies have shown that the primary motive for rape is aggression and not sex. Second, the rapist is a despicable criminal, and sexual assault is not a sign of masculinity. Third, becoming a victim is not related to a person's dress or "provocative" manner. Fourth, a woman's health, size, or strength have little bearing on rape prevention although preparedness can help overcome the paralyzing effects of terror. Fifth, most rape victims have good reputations in their communities. Sixth, women do not enjoy rape. In the United States, a rape case is reported every 2 minutes. The FBI estimates that 80 to 90 percent of all rapes go unreported. The typical rapist can be any man, and there is no way to recognize him before the attack. The typical rape victim becomes afraid of being alone, of crowds, of men, and of anything reminding her of the rapist. She may have difficulty relating to others, expressing affection, and redefining her sexuality. She may have feelings of anger, helplessness, and embarassment. Those persons closest to the victim should be supportive, listen to the victim, and not pry for details and specifics. Rape prevention efforts should focus on encouraging women to take the threat of rape seriously, helping women reject social conditioning that passivity and weakness are feminine, and assisting women in implementing appropriate safety precautions. (NCJRS)

PREVENTION STRATEGIES

026

Bay Area (CA) Women Against Rape: Information Packet.

Bay Area Women Against Rape, Berkeley, Calif.
Berkeley, Calif., author, 30 p., 1976.

Collection of the Bay Area Women Against Rape (BAWAR) handouts explaining services provided by the group, methods of preventing and defending against rape, and legal and medical information for victims of rape. Rape prevention techniques for home, car, and street are outlined and prevention and defense tactics for hitch hikers are set forth as are general defensive tactics. California laws of self-defense, categories of rape, and victim compensation are reviewed. Information on testing for pregnancy and venereal disease and for obtaining abortions is provided as well as steps to be taken by rape victims who are not planning to report the attack to police. (NCJRS)

027

Simulation and Baseline Research in Rape Prevention.

Brodsky, S. L. and Klemmack, S. H.
Paper presented at the Annual Meeting of the American Psychological Association (84th, Washington, D.C., September 3-7, 1976), 15 p., 1976.
Available from: ERIC; Order No. ED-142 876.

This paper begins by describing an organizational model for the disciplinary study of rape--the University of Alabama's Rape Research Group. It outlines the structure, function, and some techniques of the study group, including the use of simulations and prototypical situations. In one study, verbal responses of rape victims were classified into seven categories. Actors and actresses were used to videotape samples of each response type. The role-played scenes were shown to a number of groups: convicted rapists, staff members in a sex offender treatment program, and individuals attending a national conference on rape research and prevention. Given no clue about whether or not the victim was actually successful in preventing the rape, the audiences were asked to rate the deterrence potential of the various strategies. Preliminary results suggest two "types" of rapist: (1) an aggressive, antagonistic one who is best deterred by crying, signs of weakness and bodily difficulties; and (2) a tentative, more polite type who may be actively rejected with verbal or physical attack. A second study, in progress, uses similar techniques to investigate different categories of rapists and changes in citizen attitudes toward sexual assault. Other work in progress includes an annotated bibliography of sexual assault literature (the proposed taxonomy is included) and an attempt to identify psychological and social factors underlying rape. (ERIC)

028

Protecting You.

Burns Security Inst., New York, N.Y.
New York, the Institute, 24 p., (19--).

The 10 articles in this booklet describe personal security techniques as they relate to burglary, rape, theft, child molestation, confidence games, campus crime, muggings, pickpocketing, and purse snatchings. Ways to discourage a burglar, without the use of expensive alarm systems or electronic devices, include lighting homes at night, locking doors at all times, keeping a loud-barking dog, and refusing to allow strangers inside the home. Homeowners should use sturdy dead-bolt locks on their doors, locks that work with keys for windows, and metal rods or broom sticks that secure patio sliding doors. Rules for avoiding being mugged focus on walking techniques, alertness, and caution in subways, elevators, and in cars.

Confrontations and decisions to resist the rapist or the mugger is discussed as an important decision by the victim, who has weighed the consequences and direction of the attack in his or her head. Methods of fighting back and types of appropriate "weapons" are suggested for those that make these decisions. Tourist rip-off prevention is covered and includes assuring that luggage is carried by official air carrier employees, guarding passports, showing suspicion toward strangers in resort areas, and keeping valuables in the hotel safe. Screaming, other natural weapons, and techniques to overcome choking are described to help women protect themselves. Methods of coping with pickpockets, purse snatchers, and auto and other thieves focus on proper property protection and concealment, alertness to the favorite haunts of thieves and awareness of occupational techniques of thieves and burglars. Federal crime insurance is recommended for college students to protect their property, and techniques are outlined to avoid the bicycle thief. Precautions for children in guarding against the child molester and typical confidence games are also described. (NCJRS)

029
Rape: It Can't Happen to Me.
Chu, W. and Fong-Torres, S.
Bridge; An Asian American Perspective 7(1):39-42, Spring 1979.

Cultural factors such as the family system, communication patterns and institutional racism make the impact of rape on Asian women different from its impact on other women. In this article suggestions for avoiding a rape attack on the street and at home are offered. (ERIC)

030
Common Sense Self-Defense: A Practical Manual for Students and Teachers.
Conroy, M. and Ritvo, E. R.
Saint Louis, Mo., Mosby, 159 p., 1977.

A guide for women in self-defense stressing the recognition, avoidance, and elimination of dangers to personal safety, as well as fighting techniques requiring minimal physical conditioning and practice. The textbook contains numerous photographs that illustrate various tactics and strategies that are suggested for dealing with assailants. Areas covered in the narrative portion include precautions that can be taken in the home; weapons for defense; defense against an assailant's weapon; dealing with gangs, violent women, and murders; strategies for dealing with rape; and aiding police by accurately identifying an assailant. Also included in the text are some exercises for physical conditioning that would be beneficial to those who use the techniques described in the text. (NCJRS)

031
Rape and Older Women: A Guide to Prevention and Protection.
Davis, L. J. and Brady, E. M.
Philadelphia, Pa., Philadelphia Geriatric Center, 179 p., 1979.
Available from: GPO; Stock No. 017-024-00849-4.

As a guide to prevent rape and to reduce fear of such assaults among elderly women, discussion centers on the process of aging, the vulnerability of older women, and the impact of rape on such women. The guide examines the special vulnerability of older women living in neighborhoods that have become high-crime areas, in terms of the developmental concept of aging, physical changes and health status of older women, their shared historical experiences, social roles and family relationships, and the urban environment. It is shown that although older women may not become victims of rape as often as their younger counterparts, they are profoundly affected by a constant fear of becoming victims, causing them to reduce their social activities and their independence. To instill confidence in older women, the guide suggests specific avoidance behaviors that older women can practice in their homes, in buildings, on the streets, while traveling, and while banking. These recommendations are also applicable to younger age groups and men. Physical design and hardware specifications for increasing the safety of dwelling units are provided, as well as descriptions of special activities entailing community involvement in a rape prevention program. Two successful community security programs located in Philadelphia, Pa., illustrate different approaches toward crime prevention. In addition, resources for education and training programs are provided for those seeking audiovisual and written aids or further information on existing prevention and crisis intervention programs. Some statistical data, a glossary of terms, and a bibliography are provided. (NCJRS)

032
Mugging--You Can Protect Yourself.
Griffith, L. R.
Englewood Cliffs, N. J., Prentice-Hall, 223 p., 1978.

Methods of preventing mugging, rape, and assault are suggested, and verbal and physical techniques of self-protection in the course of an incident are described. Muggers are categorized as "model" muggers (i.e., desperate for money or professional muggers because of the relative unlikelihood of getting caught), "predators" who wish to frighten or injure their victims, or young status seekers. Means of avoiding the danger of becoming a likely target for a mugger are discussed. Self-protection measures are described for situations when prevention has failed; overcoming fear and taking steps to deter or disable an assailant are emphasized. Actual incidents of attempted muggings are offered as examples of methods to thwart the mugger. Photographs are used along with detailed explanations to present easy-to-learn techniques for combating an assailant who is unarmed or armed with a gun or knife. Although the use of force against a mugger is extensively discussed, force is considered a last resort when other means have failed to divert an intention to do bodily harm. Concluding the incident without injury is given highest priority, and avoiding the loss of property and apprehending the criminal are considered secondary goals. Checklists of safety measures and self-evaluation tests are provided. Interviews with ex-offenders give insights into the motivations, reactions, and operational methods of muggers. The safety measures discussed are considered applicable for women, children, and the elderly. (NCJRS)

033

Estimation of Danger and Endorsement of Self-Protection Strategies: A Study of Locus of Control.

Heath, L., et al.
Paper presented at the Annual Convention of the American Psychological Association (Toronto, Ontario, Canada, August, 1978), 20 p., 1978.
Available from: ERIC; Order No. ED-173 729.

Contradictory predictions concerning control over negative events exist in Walster's self-protective attribution theory which maintains that on-lookers in negative situations are apt to seek control by convincing themselves that such a situation couldn't happen to them, while Shaver's defensive attribution theory suggests that in a comparable situation people are more likely to attribute the responsibility to change. A field test was utilized to survey women in three cities, by telephone, about rape prevention. Hypothesizing from the two theories, Walster would predict that the respondents feeling more likely to be victimized will be more likely to attribute effectiveness to control-maintaining strategies, while Shaver would predict the opposite. Assessment of risk by the subjects supported Walster with high endorsement for personal strategies by those judging their risk as high. In addition, respondents who believed there was no risk endorsed such strategies most of all, which satisfied neither theory. Shaver's theory received no confirmation. Passive responses were due to feelings of inadequacy among the subjects. (ERIC)

034

Principles and Applications of Public Information Focus: Rape Prevention—Project Summary and Team Recommendations.

Horwitz, D. S. and Duggan, K. V., eds.
San Marcos, Tex., Southwest Texas State University, 61 p., 1976.
Available from: NCJRS; Accession No. 039107.

Report of Public Information School of Texas Crime Prevention Institute presents do's and don'ts in a rape situation. Avoid hitchhiking and shortcuts through parks and vacant lots. Those are just two or the many recommendations that women can take to avoid the likelihood of rape. These recommendations are the result of an April 1976 Public Information School anti-rape project. The school broke down into teams that probed the dissemination of rape prevention material through TV, radio, and newspaper media. The report explodes many of the myths surrounding the rape issue, such as who gets raped and why rapes occur. Advice is given on the two methods of frustrating an attacker. These include measures and passive resistance methods. (NCJRS)

035

Safe Within Yourself: A Woman's Guide to Rape Prevention and Self-Defense.

Kaufman, D. A.; Rudeen, R. D.; and Morgan, C. A.
Alexandria, Va., Visage Press, 119 p., 1980.
Available from: Visage Press, Inc., 108A S. Columbus St., Alexandria, VA 22314.

This handbook informs women about rape, rape prevention, and self-defense. Defensive techniques appropriate to the nature of rape attacks and the average person's physical and mental capabilities are described. Women find it difficult to resist rape because they are raised to be passive and to avoid fighting and hurting others. Contrary to popular opinion, rape is not a crime of passion but a means of acting out anger and aggression. Rapists are divided into two categories: those who know their victims and those who do not. However, all rapists attack unexpectedly, taking advantage of a breakdown in their victim's protecting social structures (such as absence of family) and seek to emotionally isolate themselves from the victim and the victim from assistance before the attack. Women are often able (sic) to defend themselves because they are unaware of danger or ignorant of self-defense techniques. The physical vulnerability of the assailant is described. Women are instructed in how to use the voice, feet, hands, and impromptu weapons to defend themselves against assailants who are either armed or unarmed. Instructions in self-defense cover preparation for defense; disengagement techniques when the hair, arms, or body are grabbed; and methods of handling assaults by groups. Further advice covers how to secure houses and apartments; how to minimize risks while walking, driving, hitchhiking, or visiting public places; and what to do if rape has occurred. Illustrations are included. (NCJRS)

036
Handbook on Community Crime Prevention.
Lakewood Dept. of Public Safety.
104 p., (19--).
Available from: NCJRS; Accession No. 025047.

This booklet offers a series of crime prevention tips for the protection of the individual, the family, the home, and businesses against a wide range of criminal activity. Suggestions are offered for the prevention of such crimes as burglary, robbery, kidnapping, auto thefts, thefts, shoplifting, assaults on females, and child abuse. Also discussed are telphone security, drug abuse, juvenile crime, and child molestation. Suggestions are also included on recognizing and preventing con games, and on reducing losses from fraudulent checks. Such community oriented crime prevention programs as the Neighborhood Watch program and Operation Identification are described. (NCJRS)

037
Fighting Back: A Self-Defense Handbook.
McKinley, S.; Graff, S.; and McCrate, E.
Columbus, Ohio, Women Against Rape, 16 p., 1977.
Available from: Women Against Rape, P.O. Box 02084, Columbus, OH 43202.

A woman with confidence and basic knowledge of self defense can enjoy the freedom of living alone, walking at night, and hitchhiking. Because women's lack of self defense skills heightens their fear of rape and sexual assault, this illustrated handbook produced by a women's community action group offers suggestions for women to better protect themselves in dangerous situations. Suggestions include becoming aware of surroundings that offer either danger or safety, and detailed instructions for how to hit and hurt an attacker. Home defense instructions emphasize the advisability of installing dead bolt locks, peepholes, secure windows, and burglar alarms or alternatives. Hitchhikers are warned to choose rides carefully, to ride with only one man, and to use gas stations and truck stops as places to get rides. Women should be polite but firm in choosing a ride. Consciousness-raising techniques to use with obnoxious drivers or persons on the street include verbal confrontation. (NCJRS)

038
Crime Prevention for Senior Citizens.
New York City Dept. for the Aging, N. Y. and New York City Police Dept., Kew Gardens, N. Y. Crime Prevention Section. 16 p., 1978.
Available from: NCJRS; Accession No. 050587.

Standard tips for preventing crimes against persons are provided, along with information on the criminal court processing system and victim services available in New York City. Details on how to prevent purse-snatching are followed by suggestions to consider when away from home and while at home, especially for those who live alone. Tips on how to avoid becoming the victim of a mugging or rape and procedures to use upon discovering an intruder in the home are provided. Umbrellas, rolled newspapers, or a set of keys are recommended over carrying a gun or using one to repel an intruder. The procedures for processing perpetrators of crimes against persons in New York are examined and offense classification (misdemeanor or felony), station house or central booking, court custody, arraignment, preliminary hearing, and indictment are mentioned. A criminal court processing chart and a diagram of a typical courtroom layout accompany the discussion. The role and function of the family court is reviewed. The addresses, phone numbers, and operating districts and hours are provided for the victim-witness assistance programs available within the various boroughs in the city. The three major functions of crime alert committees, small groups of senior citizens working closely with public officials in the areas of crime prevention and victim assistance, are discussed. They are: (1) to keep abreast of the latest crime prevention information being dispensed by public and private agencies and to assist other senior citizens in obtaining such information; (2) to help the members of senior citizens centers and other similar organizations put crime prevention strategies into action; and (3) to assist others in acquiring the services offered to crime victims by public and private groups. Services available for older victims of crime are identified, including senior citizen referral services, crime victim's compensation, and conflict resolution and mediation. The addresses and phone numbers for these services are provided. (NCJRS)

039
Every Woman's Guide to Personal Rape Prevention.
Pittsburgh Action Against Rape, Inc., Pa.
Pittsburgh, Pa., author, 12 p., 1975.
Available from: Pittsburgh Action Against Rape, Inc., P.O. Box 10433, Pittsburgh, PA 15234.

This booklet of preventive self-defense measures can help individuals reduce the likelihood of being raped by helping them understand what rape is, how and when it occurs, and how to prevent or resist rape. Every rape situation is different, implying that every woman will have to be guided by her own commonsense and self-knowledge to combat the crime. In some instances, resisting the attacker may not work while in other situations giving in does not guarantee that victims will not be beaten as well as raped. Women should be aware of themselves as potential victims and every man as a potential rapist. Preventive measures designed to guard against the likelihood of being raped are offered for situations occuring at home; in an apartment; while riding an elevator; during visits by repairmen or deliverymen in the home; telephone calls; and while on the street, in a car, or hitchhiking. Women living in apartment buildings should be especially wary of elevators, laundry areas, and garages. Suggestions are offered to encourage women to become more able and willing to fight off rapists through the use of such weapons as bottles, pens, and mace. In addition, women can scare off some rapists and attract help from others by yelling. A recommended reading list is included. (NCJRS)

040
How to Combat Rape in Your Home, on Your Streets, in Your City.
Post, M. M.
Indianapolis, Ind., Indianapolis Women United Against Rape, 100 p., 1975.
Available from: NCJRS; Accession No. 035657.

This kit contains newspaper articles and brochures on the activities and operation of "Women United Against Rape" (WUAR), an Indianapolis (IN) antirape program, plus public information pamphlets on rape prevention. Included are professionally written pamphlets on the rapist and the victim, rape legislation in Indiana, legal and court procedures for sexually assaulted persons, Indianapolis police procedures for sexually assaulted persons, and handling the alleged sexual assault victim. Also included is a list of pertinent films. (NCJRS)

041
Public Opinion and Public Policy--The Case of Rape Prevention.
Riger, S. and Gordon, M.
Paper presented at the American Psychological Association Convention, Toronto, Canada, August 1978, 18 p., 1978.
Available from: ERIC; Order No. ED-173 728.

A telephone survey of adults in three cities showed that attitudes toward restrictive and aggressive rape prevention measures varied according to age, sex, race, and income. Most preventive strategies advocated for rape focus on the victim, not the rapist, and ignore cultural factors which support or even promote rape. Previous studies have revealed that perceptions about rape and rape prevention depend on sex, race, and marital status. This study surveyed a random sample of 1,618 adults in San Francisco, Philadelphia, and Chicago in November 1977. Respondents were asked to assess the effectiveness of 21 items describing rape prevention strategies which were characterized as assertive actions and environmental changes or as restrictions in a woman's behavior. Examples of restrictive items were having women avoid going out alone and stopping the push for women's rights, while assertive actions were fighting an attacker and increasing men's respect for women. Data were analyzed according to sex, different age groups, race, and income. Black and older women rated restrictive measures as more helpful than assertive ones, while the opposite patterns held for other race-sex groups and for young and middle-aged women. The assertion that the likelihood of victimization affects beliefs about rape was only partially supported. Statistically, black females and young women are most vulnerable to rape. Nevertheless, black women give the highest endorsement of all groups to restrictive measures, while young women demonstrated the lowest support for this strategy. The findings indicate that policies aimed at reducing rape will receive varying degrees of acceptance from target groups, particularly if restrictive measures are suggested. Public education about rape prevention may be needed after the effectiveness of various approaches has been determined. Tables, footnotes, and 13 references are included. (NCJRS)

042
Structure of Rape Prevention Beliefs.
Riger, S. and Gordon, M. T.
Personality and Social Psychology Bulletin 5(2):186-190, April 1979.

Attitudes toward various rape prevention tactics are examined; the relationship between the likelihood of victimization and beliefs about the effectiveness of those measures is investigated. Eleven rape prevention items developed as the result of a telephone survey pretest of 21 rape prevention items were included in a subsequent telephone survey about crime that was administered to 1,600 adults in 3 cities: San Francisco, Philadelphia and Chicago. Factor analyses of the responses of random samples of men and women from the three cities indicate the presence of two relatively independent dimensions of rape prevention attitudes: (1) beliefs about measures calling for restrictions in women's behavior, and (2) beliefs about measures involving changes in the environment, or assertive actions by women. Two-way analyses of variance of restrictive measures and of assertive measures each showed significant main effects for race and sex, but no significant interactions. In both instances, women and blacks rated restrictive and assertive measures as more effective than did men and whites. When the effectiveness ratings of the two types of measures were compared within race-sex groups, three of the groups endorsed assertive measures as more effective, while one group, black females, rated restrictive strategies as more effective. It is concluded that rape prevention indices are useful in summarizing and organizing people's beliefs about preventing rape. The results support a multidimensional concept of rape-prevention beliefs, in accordance with the multidimensionality of rape attitudes reported by Feild (1978). The two dimensions of rape prevention appear to operate differently in subpopulations that vary in the likelihood of victimization. Black females, the group with the highest risk of rape, rate restrictive measures as more helpful than assertive ones, whereas groups with lower risks of victimization rate assertive strategies as more effective. Thus, there may be differences in the meaning and dynamics of rape beliefs for various race and sex groups. Eleven references, two footnotes, and two tables are provided. (NCJRS)

043
In Defense of Ourselves.
Sanford, L. T. and Fetter, A.
Garden City, N.Y., Doubleday, 186 p., 1979.

This workbook for women on rape prevention and defense aims to change the reflex of fear into action by preparation and practice of verbal, attitude, and physical self-defense and attention to commonsense. Societal beliefs that women who are raped want it or provoke it, that only men can be violent, or that rapists are sexually unfulfilled men wanting to satisfy their appetites are discredited. Not all rape can be prevented, and victims should understand that they are truly the victims and their being raped does not lessen their value as persons. The picture of the rapist runs along a continuum--from the man known to the victim who suddenly attacks to the unknown surprise attacker. Exercises are presented for developing a positive and strong self-concept, defensive body language, ability to maintain eye contact, an assertive tone of voice and sentence structure, quick decisionmaking capability in troublesome situations, and hostile and assertive responses. They are meant to combat the conditioning of American women to be polite, timid, and compassionate even in adverse situations and could help them ward off rapists looking for easy targets. Physical self-defense strategies have a preliminary goal--to cause physical pain to the attacker. Physical defense has three basic components: (1) an absolutely committed response to attack, (2) a combination of effective target and technique, and (3) trust in intuition. The attacker's most vulnerable parts are discussed. Various techniques for using body parts as weapons are covered (e.g., the palm-heel strike, finger and thumb gouge, and knee raise) as well as combination techniques (e.g., front and side grasps, hair grabs, and choke holds). Women are advised to wear shoes and clothing that allow mobility and accessories not easily grabbed or used as choking devices. Rape prevention strategies that offer positive alternatives rather than prohibitions are emphasized. Notes are included on studying martial arts and rape prevention, photographs illustrate the text, and the appendix contains instructions for using this workbook with special groups--adolescents, lesbians, battered wives, previous rape victims, and older, black, Hispanic, rural, white, and Asian women. (NCJRS)

044
Black Women, Crime and Crime Prevention.
Scott, E. L.
Paper presented at the National Conference of Black Political Scientists (Jackson, Mississippi, April 1978), 22 p., 1978.
Available from: ERIC; Order No. ED-167 682.

Several factors indicate that there is a relationship between economic conditions and crime among black women. Crime statistics show that outside of the misdemeanors of drunkenness and disorderly conduct, black women tend to be arrested for larceny and prostitution, both economic crimes. The fact that black women are at the bottom of the economic ladder lends more support to the economic theory of crime causation. In spite of the attempts of some authors to explain black crime through the theory of aggression, statistics show that black female criminality is substantially different from black male criminality in that it is less violent. Studies also indicate that the victimization rate for black females is much less than the rate for black males, but is much greater than the rate for white females. The two most prominent areas of victimization are rape and spouse abuse. Several programs initiated or supported by black women (the Multi-Area Rape Crisis Council of Atlanta and the Coalition of Concerned Women of Chicago) demonstrate that crime prevention is not the exclusive domain of the police and that black women can serve as a potential resource for crime prevention programs. However, as long as black women are on the bottom rung of the economic ladder, are heads of households and are subjected to racial oppression, they will continue to commit economic crimes. (ERIC)

045

Protecting Personal Space: Victim and Resister Reactions to Assaultive Rape and Rape Attempts.
Selkin, J.
Denver, Colo., Denver Department of Health and Hospitals, 6 p., 1976.
Available from: NCJRS; Accession No. 058367.

Data from studies of volunteers--self identified rape victims and resisters--suggest that succesful rape resisters feel differently and react differently during a rape attempt than do rape victims. Thirty-two victims and twenty-three resisters were interviewed in the Violence Research Unit at Denver (Colo.) General Hospital from 1973-76. They were asked, in checklist fashion, about emotions experienced during the sex assault. The results suggest that rape victims feel differently during the assault than rape resisters. They can be described as emotionally immobilized, in great stress, and unable to react behaviorally in an organized, coherent fashion. Further, the results suggest that victims are not as socially adept as resisters and that they are less dominant and less capable of relating to others in social situations. Emotional reactions after the assault were found to be profoundly different for victim and resister groups. Victims were significantly more depressed, fearful, and anxious. The findings raise serious questions about social mores as they are taught to contemporary American women. Thus, education about victimology and a social attitude which looks at victimization as a risk of urban living needs to be developed and supported in society. Since the report draws far-reaching conclusions from suggestive evidence, extensive additional research is required to substantiate these assertions. Cross-validation is an essential precondition to the development of realistic rape prevention programs. References are appended. (NCJRS)

046

How to Say No to a Rapist and Survive.
Storaska, F.
New York, Random House, 252 p., 1975.

Handbook that presents a detailed program on how women can protect themselves from rape and other violent attacks and emphasizes both what should and what should not be done when dealing with an attacker. The author maintains that psychological preparation is the woman's best weapon in escaping alive and uninjured. The most often repeated types of advice on how to prevent rape - scream, struggle, learn martial arts, carry weapons - are discussed and rejected by the author. He presents his own five-point program for women to use in coping with a variety of potentially dangerous situations. Actual cases of rape are described, and the author explains how it would have been possible to avoid rape in each. Also suggested are a few simple physical defense techniques that can be learned and used by all women. (NCJRS)

047

Officer, What Should I Do If...?
Tindall, S.
FBI Law Enforcement Bulletin 47(4):2-7, April 1978.
Available from: NCJRS; Accession No. 047051.

An exploration of the implications of various measures to prevent or resist sexual assault, and the police role in educating the public, particularly women, in these considerations, is presented. There is considerable controversy regarding the correct reactive measures to use if a sexual assault is threatened. Police departments frequently favor contradictory tactics, whether active or passive. Active or aggressive tactics are designed to fight or frighten off the assailant, and include judo, karate, running, screaming, biting, kicking, use of weapons, and blowing whistles. Passive techniques stall for time and interrupt the offender's fantasy train of thought without increasing his anger, by talking, questioning, pleading, crying, feigned fainting, or vomiting. Interviews with six convicted rapists indicate that both aggressive and passive techniques will sometimes work, but that clearly no tactic will work all of the time. There seem to be two major groups of rapists; the insecure-inadequate, and the hostile-enraged. Nonetheless, little is known about the psychodynamics of these criminals, and one does not want to escalate the attack from rape to serious injury by the injudicious choice of defense. Three contributing factors influence an attack -- situation, victim, and assailant. The outcome may depend on the situation: time of day, locale, area, indoor or outdoor setting. The victim's choice of tactics depends on her values and priorities, personality, age, and strength. The assailant may be a stranger, acquaintance, or relative, armed, alone or accompanied, physically assertive or merely verbally threatening. The attempt to determine which tactics will always work becomes futile. The role that law enforcement can play in educating the public must necessarily take a novel approach. "Nondirective counseling" is suggested in which questions are asked rather than answered, making individuals formulate their own appropriate solutions by evaluating their options. Certain principles relating the choice of active or passive defense to the assailant are outlined; for example, if a woman knows her attacker, she may be able to better predict his response. The police must share with the public any data or information that will help women formulate their own tactical philosophy. Three such facts that some audiences will not warmly receive are that hitchhikers and scanty clothes are seen as enticements by some rapists and by some juries, some women send out conflicting verbal or nonverbal messages, and that passive techniques combined with the absence of physical injuries are likely to jeopardize a court case particularly in situations where the rapist is known to the victim. Two court cases are cited to illustrate the validity of the above facts. It is noted that in 1976, sexual assault victims in Dade County, Florida, included boys and young men. (NCJRS)

048
Crime Prevention for Senior Citizens--An Action Guide.
Walter P. Reuther Senior Centers, Inc., Detroit, Mich.
Detroit, Mich., the Centers, 91 p., 1980.

This packet of crime prevention information for senior citizens contains brochures on home locks, car and home protection, identifying property against theft, personal safety and other topics. The first brochure explains the property engraving program, covers reasons for participating, suggests keeping inventories of possessions, and gives instructions for engraving. The second action guide covers home security. It includes a home security checklist and lists actions to take to reduce the risk of burglary. A third action guide discusses neighborhood watch, a system of community organization fostering awareness of neighborhood activity, and gives instructions on organizing such a watch. An action guide on personal safety recommends common sense as the best guide to avoiding injury due to crime and lists safety tips that reduce vulnerability and encourage awareness of surroundings. A publication on sexual assault prevention deals with rape and elderly women. An action guide on con games lists reasons persons become victims, describes some common con games, and lists organizations which handle complaints about fraudulent schemes. A pamphlet on prevention of auto theft describes inexpensive protective steps, while a pamphlet on crime reporting discusses using 911 emergency telephone systems and giving physical descriptions of criminals. Additional action guides discuss the criminal justice system and older persons, home locks, and the scope of victimization of the elderly. A crime prevention survey, guide for use of the action guides, charts, illustrations, and references are included. (NCJRS)

049P
Not for Women Only--Self Protection for Women ("The Memphis Message").
Bullard, J.
Memphis Police Department, 3624 Cowden Avenue,
Memphis, TN 38111
(901)452-6710
Continuing.

For over 12 years the Memphis Police Department has upon invitation performed its public relations program entitled "Self Protection for Women" free of charge in cities throughout the Nation. The 1-hour program deals with every form of attack to which women are commonly subjected, ranging from mild forms of flirty molestations to homicidal assaults. The program is performed an average of 40 times a month the year round with 87 presentations being given in 1 month throughout 9 States. This phenomenal scheduling has been the result of word of mouth recommendations because the program has never been advertised or promoted in any way. A collective audience of over 700,000 people have seen this program. Effective physical counters to attacks on women are taught through demonstration. The techniques do not require long hours of practice or any degree of physical fitness. The defenses work if the person being attacked has the attitude to resist the attacker. The primary purpose of the program is to instill the attitude to resist the efforts of the attacker. The City of Memphis offers this program free of charge to any city in the Nation but expects the sponsoring group to cover the expenses of the performers.

COMMUNITY PREVENTION APPROACHES

050
Kansas Community Rape Prevention and Victim Support Project: Final Report.
Topeka, Kans., Kansas Governor's Committee on Criminal Administration, 25 p., 1977.
Available from: NCJRS; Accession No. 048454.

The Kansas Community Rape Prevention and Victim Support Project was designed to present rape prevention education programs and to offer confidential peer support to sexual assault victims. Through the project, six communities established victim assistance programs. At present, Ellis County, Reno County, Pawnee County, McPherson County, and Olathe offer victim support and information services. These community programs are staffed predominantly by volunteers and offer a variety of crisis intervention, referral, and liaison services. Additionally, 12 counties or communities are presenting educational or preventive programs using project materials. A listing of these communities and the individuals to contact for further information is provided. While the project has made progress toward achieving its goals, more effort will be needed to provide services and information for currently unrepresented counties and communities. Moreover, already established projects are still in their initial stages and will require continuing effort, education, and resources. The following major methods are used by the projects for creating increased awareness, disseminating information, and facilitating the development of community programs: a sexual assault library and resource center; development of three handbooks, "Sexual Assault Handbook - Kansas Community Conference," "Sexual Assault Victim Handbook," and "Sexual Assault - Preventive Education Handbook"; development of a film "Rape Prevention: No Pat Answer;" major mailings to women's organizations, service professionals and interest groups; press releases; an attitudinal survey; a Kansas community conference on sexual assault; and consultation. The data collection form for the attitudinal questionnaire, and participant comments on the film and the conference are included. (NCJRS)

051
Target Hardening Opportunity Reduction: Final Report.
Atlanta City Police Dept., Ga.
Atlanta, Ga., the Department, 30 p., 1976.

Final report of Atlanta's Project THOR (Target Hardening-Opportunity Reduction) devised to reduce the incidence of certain types of crimes by educating and involving citizens in programs to reduce their vulnerability. Efforts of the city's Bureau of Police Services in this direction included conducting security surveys of individual residences and commercial establishments upon request. Engraving items to facilitate their return if stolen, presenting crime prevention lectures to citizens' groups, and providing weekly in-service training for members of special squads. (NCJRS)

052
Cleveland Impact Cities Program: Deterrence, Detection, and Apprehension Operating Program--Final Evaluation Report, June 1975.
Cleveland Impact Cities Program, Ohio.
Cleveland, Ohio, the Program, 200 p., 1975.
Available from: NCJRS; Accession No. 036513.

Final evaluations of eight of the ten projects making up the Deterrence, Detection, and Apprehension (DDA) Operating Program of the Cleveland Impact Cities Program. DDA was one of two operating programs aimed at minimizing opportunities to commit crime and maximizing risk for offenders. Subsidiary DDA goals were to increase the number and rate of arrests and the number and rate of clearances. The eight projects evaluated include the Concentrated Crime Patrol Project, Upgrading Felony and Narcotic Investigative Units, Auxiliary Police and Police Outreach Centers, Response Time Reduction, Security Patrol for the Elderly, Impact Streetlighting, and Impact Awareness. These projects were aimed at reducing the index crimes of murder and non-negligent manslaughter, forcible rape, robbery, aggravated assault, and burglary. Data were gathered from monthly and annual uniform crime reports of the Cleveland Police Department to the FBI. The other two DDA projects, the Public Information Project and the Impact Neighborhood Patrol Project, were evaluated under separate cover due to earlier completion dates. (NCJRS)

053
Queen's Bench Foundation's Project Rape Response.
Copeland, L.
Victimology 1(2):331-337, Summer 1976.

An overview of a rape sensitivity project for the San Francisco area is presented emphasizing training for criminal justice personnel, coordination of social services, and community education. The Queen's Bench Foundation Rape Evaluation Project, which ended in 1975, identified a series of victim needs and pointed out the lack of community resources to meet these needs. This followup, Project Rape Response, is a 1-year effort to mobilize community resources and to educate the community as to the causes of rape and the needs of victims for support. The list of project goals is as follows: to reduce the psychological trauma and long-term impact of rape on victims by providing direct services; to increase public awareness of rape; to provide technical assistance and professional training to community agencies; to upgrade police, Department of Public Health, and district attorney's office responses to rape cases through coordination of procedures and training of police, physicians, and others involved with victims; and to research patterns of victim vulnerability and effective methods of prevention and resistance. Since the project would not seek additional funding after the 1-year grant period, the plans emphasize that public and community services can continue the effort. Strategies for achieving each project goal are outlined. Minority neighborhoods, schools, and non-English-speaking residents are targeted for intensive community education campaigns. A concurrent research effort to gather data on time and place of assault and effects of various types of resistance is described. (NCJRS)

054
Source Book: Citizen Action in Criminal Justice.
Denton, D. W. and Spitz, J., eds.
Arlington, Tex., University of Texas at Arlington, Research and Service Division, Institute of Urban Studies (New Directions for Corrections--Creative Concepts for Future

Criminal Justice Planning Series), 399 p., 1978.
Available from: NCJRS; Accession No. 056111.

Designed to encourage and enhance citizen efforts against crime, this volume offers a set of program models which serve as guides for action toward reducing crime. In the first section, community concerns are discussed in articles dealing with how to organize a citizen's group for criminal justice reform; benefits from increasing public participation in the criminal justice system: cost and effectiveness considerations of criminal justice legislation; and community attitudes toward restitution as an alternative to punishment and rehabilitation. Next, crime resistance in neighborhoods and businesses is discussed. Included are four examples of the FBI's efforts in various cities to develop a program equipping law enforcement agencies with the information necessary to identify and develop local resistance programs to crime problems. In addition, excerpts from the U.S. Chamber of Commerce's handbook on white collar crime are provided as an aid to business people. In the third section, methods of relieving the suffering of crime victims, particularly in regard to rape, are discussed. A presentation follows of programs dealing with prisoners in jail and about to be released to the community. An overview is included of a citizen advocate program which calls for sponsoring an inmate in court and upon early release. Several programs dealing with the treatment of chronic alcohol abusers are also reviewed. Next, ways and means of citizen involvement in prisons are discussed, focusing upon specific services provided to prisoners and their families. Finally, articles addressing probation programs for juvenile offenders, recruitment and training of foster parents, and new approaches for use by volunteers working in detention centers are included. Appendixes, footnotes, charts, and graphics accompany the text of this volume. (NCJRS)

055

Exemplary Projects: A Program of the National Institute of Law Enforcement and Criminal Justice.
Department of Justice, Washington, D.C. Office of Development, Testing, and Dissemination.
Washington, D.C., the Office, 33 p., 1978.
Available from: NCJRS; Accession No. 053862.

Reviews are provided of 29 local initiatives selected for the Exemplary Projects Program of LEAA's National Institute of Law Enforcement and Criminal Justice. The Exemplary Projects Program is a systematic method of identifying outstanding criminal justice programs throughout the country, verifying their achievements, and publicizing them widely in order to encourage the widespread use of advanced criminal justice practices. The 29 projects cited and discussed deal with community involvement, law enforcement, prosecution, adjudication and defense, corrections, juvenile diversion and treatment, and alternative service delivery. They include a rape prevention center in Louisiana, community crime prevention and hidden camera projects in Washington State, a rape-sexual assault care center and a community-based corrections program in Iowa. A volunteer probation counseling program and a rural legal information center in Nebraska, street crime and major offense units in New York City, consolidated police radio dispatch services and a one day-one trial jury system in Michigan are included. A police legal liaison in Texas, an economic crime prosecution unit in Connecticut, the Prosecutor Management Information System (ProMIS) and public defender services in the District of Columbia are described. An administrative adjudication bureau for traffic offenses in New York State, work release and juvenile arbitration projects in Maryland, parole officer aide and alternative dispute settlement programs in Ohio, fraud prosecution in California, mental health-mental retardation emergency service delivery in Pennsylvania, and juvenile diversion, treatment, education, and corrections programs in California, Colorado, Missouri, and Pennsylvania are given. Brief outlines of each program are provided, along with photographs and tabular data. (NCJRS)

056

Denver--Rape Prevention Research Project: Final Report.
Hursch, C. J. and Selkin, J.
Denver, Colo., Denver Department of Health and Hospitals, 100 p., 1975.

This report contains the results of the Colorado Rape Prevention Project and its efforts in cutting the incidence of this crime. Comparison of rape victim and rape resistor groups of subjects yielded, as expected, numerous significant differences. Rape resistors were found to be more dominant, and more confident in their own capacity to cope with a variety of social situations. Following the assault, resistors were less anxious, less depressed and less frightened than victims. Further work in this area will be concerned with cross-validating the above results with new tests, and with comparing victim-resistor perception of the assailant and rape environment. Data for this analysis has already been collected. The project in its first year explored a number of new areas in rape research. For the first time, comparisons were made between live subject groups of rape victims and rape resistors. A number of personality and emotional state variables were found which significantly differentiated these two groups. (NCJRS)

057

Developing a Pertinent Rape Prevention Lecture Program.

Keefe, M. L. and O'Reilly, H. T.
Law and Order 24(3):64-67, March 1976.

The text of the basic rape prevention lecture of the Sex Crimes Analysis Unit of the New York City Police is presented, and suggestions on tailoring this speech to meet the needs of particular community groups are given. The Sex Crimes Analysis Unit is frequently called upon to present rape prevention lectures to school assemblies, women's groups, and community organizations. As a result of trial and error, members of this unit found that for a prevention lecture to have the desired impact, the subject matter must be specific and pertinent to the audience which is being addressed. As a result, the unit formulated a standard lecture which can be adjusted and expanded according to the needs of the audience. This lecture, reproduced in this article, offers suggestions on home safety, preventive procedures to follow while walking or driving, safety in elevators, and methods of dealing with attacks. It is suggested that prior to addressing a group, the officers should familiarize themselves with the background, age, and needs of the audience. The officer can then offer specific tips pertinent to the audience and can expand the lecture by drawing on relevant case histories. (NCJRS)

058

Rape Prevention in Rural West Virginia.

Kradel, P. F.
9 p., 1978.
Available from: NCJRS; Accession No. 052897.

Problems in developing a community education program in rural West Virginia concerning the nature of rape, the needs of rape victims, and the revised State rape law are discussed, and program suggestions are offered. Many medical, mental health, emergency squad, and police groups have had limited training and experience in dealing with sexual crimes in the rural Appalachian region of the State, and react in a confused manner when confronted with a rape victim. The consultation and education program of the Appalachian Mental Health Chapter is a federally funded program aimed at developing rape prevention measures and assuring more humane treatment of rape victims. Program presentations focused on the nature of male-female relationships, the new West Virginia sexual assault law which made penalties for sexual offenses less severe and made the crime of rape non sex-specific, and issues such as the victims' part in causing victimization. Special problems that interfered with program implementation and success included the influence of conservative attitudes about sex on ideas of rape and rape-information dissemination, the lack of victim-advocacy groups in rural areas, and the weak structures of informal support systems which were generally underinformed about sexual assault and far removed from formal support systems. In rural areas, the rapist is often well known to the victim and to the victim's family, the victim has less anonymity than urban victims, and caregivers have less experience and knowledge about working with sexual assault victims. It is stressed that community education programs should strive to increase the level of community competence and number of alternative delivery systems for working with rape victims. An outline of the rape-prevention program seminars and a rape-attitude questionnaire administered at the seminars is appended.

LEGISLATION

059

Forcible Rape: An Analysis of Legal Issues.

National Inst. of Law Enforcement and Criminal Justice, Washington, D.C.
Washington, D.C., U.S. Government Printing Office, 109 p., March 1978.
Available from: GPO; Stock No. 027-000-00627-2.

Traditionally, rape has been defined as "carnal knowledge of a woman by force and against her will." The test of force has been crucial, and consent deduced. Victims were assumed to be consenting parties unless criminal circumstances could be proved. Victims were often questioned about past sexual behavior. Current reform efforts have attempted to correct these injustices. Legislative changes have attempted to redefine rape to recognize varying degrees with flexible penalty structures and to take into account issues of child sexual molestation, rape within marriage, and the rape in which a male is the victim. In some states, penalty structures are being reduced. Privacy for victims, advocate programs, service programs, and prevention and self-defense programs are being introduced. The Michigan and Washington State laws offer patterns of successful change. Appendices include a summation table and narrative description of legislation for each state. (ERIC)

060

Legislative Research Commission Report to the 1977 General Assembly of North Carolina--Sexual Assaults.

North Carolina Legislative Research Commission, Raleigh.
Raleigh, N. C., the Commission, 143 p., 1977.
Available from: NTIS; Order No. PB-271-108.

Problems associated with the crime of rape in North Carolina are reviewed, and changes in the State's sexual assault statutes are proposed. The proceedings of eight meetings and one public hearing conducted by the Legislative Research Commission as part of its study of sexual assault are summarized. During these meetings, commission members spoke with sexual assault victims, medical personnel, rape crisis volunteers, law enforcement officers, district attorneys, defense attorneys, and specialists in the mentality of sex offenders. Commission findings are presented relative to the number of reported rape cases in North Carolina and the ultimate disposition of these cases, reasons behind failures to report or prosecute rape cases, the long-term impact of rape on victims, elimination of capital punishment for first-degree rape, and the social and psychological profile of the rapist. The commission recommends changes in State legislation that would distinguish more clearly the various degrees of criminal sexually assaultive conduct, establish procedural guidelines and limit admissibility of evidence concerning the prior sexual behavior of the victim or defendant, identify factors relevant to the issue of consent, and prescribe an appropriate range of punishment for each category of criminal sexual assault. The commission also recommends the establishment of a State agency to coordinate the efforts of rape crisis centers and other community agencies attempting to assist victims of sexual assault. Details of the proposed legislation are included. Supporting data and other documentation are appended. (NCJRS)

VICTIM SERVICES

061
Victims of Rape.
British Medical Journal (London) 1(5951):171-172, January 25, 1975.

Physicians must attend to legal as well as clinical factors when dealing with rape victims. Since physicians who treat rape victims are apt to be called to give evidence in court, they should make notes of findings when examining an alleged rape victim. The physician should inform the patient that notes are being made and allow the patient to tell the story of the rape in full. It is important to discover the nature of the threats and force used by the assailant, and exactly how the sex act was performed. Previous medical and sexual history may be pertinent, and the clinical examination must include a search for all injuries. It is essential to follow up rape patients to assess delayed psychological effects and the possibility of venereal disease or pregnancy. Use of abortifacients (to induce abortion) is controversial, and it may be most prudent to wait for signs of pregnancy before a decision to proceed with an abortion is made. Physicians should be aware that some rape stories are fabrications or fantasies. Rape crisis centers designed to help women deal with the psychological effects of rape have been established in many major cities in North America, and these institutions should have a place in the large urban areas of Britain. 1 reference.

062
The First Half-Hour.
Appell, L.; Baskin, D.; and Smith, J.
Journal of Practical Nursing 26(1):16-18, 34, January 1976.

Use of transactional analysis by practical and vocational nurses can help rape victims deal with the psychological as well as physical trauma of rape. Psychologically, rape demeans and denigrates the victim and results in feelings of shame, guilt, and anxiety. To deal effectively with the crisis of rape, the health care team must be particularly sensitive to the needs of the victim during the period immediately following the rape. By using the tenets of transactional analysis (which defines the personality as being made up of three parts, or ego states, the parent, adult, and child), nurses can lead the victim from the ego state of the child, assumed as a result of feelings of guilt and shame, to an adult ego state. In helping the victim reach the adult state, the nurse must refrain as much as possible from taking on the characteristics of a parent. Parental role behavior on the part of the nurse will only reinforce child-like feelings and behavior on the part of the victim. It may be necessary for the nurse to cross from the parent state to the adult state several times before the victim is ready to assume an adult role. In relating to the patient as an adult, the nurse can more easily explain all medical and nursing treatments to prevent further distress in the victim. 2 references.

063
Victims.
Barkas, J. L.
New York, Scribner's, 266 p., 1978.

This portrait of crime victims provides a comprehensive study of how major crimes--murder, rape, assault, and robbery--affect their victims. The victims of crime form a broad constituency, extending far beyond the individual targets of single criminal acts to include their friends, families, and even mere witnesses. This group of diverse citizens are best characterized as the forgotten majority, and this volume attempts to identify their plight, reveal how society revictimizes them, and underscore what must be done to protect their rights as human beings. Case studies are presented, with attention to the effect of criminal violence on those who are both directly and indirectly exposed to it. In 1976, 11,304,788 Americans were the victims of crime; but this figure does not include the greater numbers of people--the families of victims, witnesses, friends--who are also affected by criminality. Neither does this figure reflect that greater constituency--the American public at large--that must bear the cost, in higher taxes and prices, of an average $4.8 billion a year in lost wages, medical expenses, and property losses resulting from crime. The effects of crime on both this greater and lesser constituency are assessed through interviews with the primary and secondary victims of murder, rape, assault, and robbery. Aspects of victim interaction with the police, the courts, hospitals and morgues, and the largely indifferent public are examined. Society's failure to provide victims with consolation, compassion, and just compensation is considered. Reference notes, a bibliography, and an index are provided. (NCJRS)

064

Organizing a Rape Crisis Program in a General Hospital.

Bassuk, E.; Savitz, R.; McCombie, S.; and Pell, S.
Journal of the American Medical Women's Association 30(12):486-490, December 1975.

In 1974, a group of concerned professional women developed a rape crisis intervention program at Beth Israel Hospital, a community-based teaching hospital in Boston, Massachusetts. Following a review of rape statistics and of the literature on rape and rape services, organizers decided that the program should provide a 24-hour rape counseling service available to emergency room and outpatient clinic patients, recruit and train professional and paraprofessional volunteers to act as counselors, and use staff psychiatrists and peer group support to supervise rape counselors. It was decided that all counselors would be women and that counseling would involve provision of support and information followed by delineation and resolution of crisis-related issues. Counselors act as consultants, patient advocates, and counselors. Followup activities, which begin within 48 hours after the emergency room contact, continue at regular intervals for at least 12 months. The administrative group consists of four psychiatrists, a psychiatric social worker, and a psychiatric nurse. Support was obtained from the chiefs of nursing, social service, obstetrics-gynecology, administration, and medicine, and a series of seminars was organized to train counselors in crisis intervention techniques and the psychological and legal aspects of rape. Weekly supervisory conferences are provided for counselors, and a manual is being developed from the didactic training seminars. A research protocol has been developed to allow collection of data, and a public education program is being planned. Educational services provided to community professionals include police training and workshops for agency personnel. The original volunteer pilot program is presently being transformed into a self-sufficient program. 18 references.

065

Impact of a Sexual Assault on the Victim's Sexual Life.

Becker, J. V.; Abel, G. G.; and Skinner, L. J.
Victimology 4(2):229-235, 1979.

Findings from several studies confirm that the goal of rape is sexual satisfaction and that there is a high frequency of sex dysfunction among rape victims. Available data indicate that the rapist is motivated not only by anger and aggression, but also by sex. A study measured the arousal patterns of rapists while presenting various types of explicit sexual and nonsexual activities to them. Rapists and child molesters developed erections while listening to descriptions of rape in the laboratory setting but nonrapists do not. During clinical interviews, more than 85 percent of the rapists identified sexual gratification as the goal of their raping. If the offender's goal is sexual, one should expect the victim to suffer sexual trauma from such assaults. The article cites numerous studies that confirm this assumption. Factors which contribute to the trauma include the relationship of the victim to the assailant, the victim's age, and whether the rapist was convicted. The victim whose assailant is not convicted, who is younger or without a first sexual encounter other than rape, and who is closely related to the assailant will develop the most sexual problems as a result of the rape. Clinical researchers in preliminary findings show that 6.1 percent of the victims had a decreased interest in sex or discontinued all sexual activity, 23 percent developed orgasmic dysfunction, 15 percent developed pain with intercourse, and 10 percent genitourinary tract infections. Victims of attempted rape also suffer. A review of the literature and experience in treating rape victims point to the need for carefully controlled studies on aspects of sexual dysfunction. There is also lack of knowledge as to how to treat these sexual problems. Tables from various studies that review the percent of persons suffering dysfunction, the kinds of sexual problems that developed, and the reaction of victims 1 year after assault are included. References and notes on the authors are provided. (NCJRS)

066
Improving Emergency Care for Rape Victims.
Bellack, J. P. and Woodard, P. B.
Journal of Emergency Nursing 3(3):32-35, May-June 1977.

Questionnaires were mailed to head nurses of 38 hospital emergency departments in the 20 U.S. cities reporting the highest number of rapes to determine the nature of emergency care provided for rape victims. Responses from 24 of the head nurses indicated that (1) for most rape victims, processes used by police and hospital personnel to gather information are insensitive and lengthy; (2) only 25 percent of the respondents reported that extra emotional support was routinely provided for the victim; (3) emotional support was generally provided by chaplains, social workers, and psychiatric teams; (4) referral for followup emotional support or physical care was reported by less than 25 percent of those surveyed; (5) 33 percent of the nurses reported the existence of a rape hotline or crisis service in their city; (6) many of the departments had no routine policies and procedures for treating the rape victim; (7) personnel assigned to examine victims were often insufficiently trained for such duties; (8) 46 percent of the nurses felt that physicians were reluctant to treat rape victims; and (9) 41 percent of the nurses felt that law enforcement personnel were sympathetic to rape victims. These findings suggest the need to plan a series of inservice meetings for emergency department staff, collect literature on rape and make it available to hospital staff, keep staff informed of continuing education programs on rape, maintain an up-to-date list of community agencies that provide support for victims, identify rape hotlines and crisis services in the area, keep a copy of State laws concerning rape and locally developed procedures on rape on hand, keep a written copy of medical protocol for treating rape victims, improve facilities for care of victims, and keep others informed about emergency procedures for dealing with victims. A bibliography of 19 resources is appended. 4 references.

067
Psychological Profiles of Rape Crisis Counselors.
Best, C. L. and Kilpatrick, D. G.
Psychological Reports 40(3-2):1127-1134, 1977.

The personalities of 20 female counselors from a rape crisis center are compared with the personalities of 14 pediatric nurses matched by age and education. The counselors are volunteers from a rape crisis center in Charleston, S. C. All have completed a counselor training program and have had from 4 to 15 months of counseling experience. Their duties include counseling rape victims at hospital emergency rooms and in followup sessions, accompanying victims during police interviews, and attending court proceedings. The subjects and the control group completed 10 objective personality tests. In addition, the subjects had completed the Minnesota Multiphasic Personality Inventory during their training. The findings indicate that the counselors are well adjusted, open minded, nonanxious, relatively assertive, profeminist persons who, in a general mood of vigor and activity, seek out and enjoy new experiences. It appears that the center has attracted volunteers who score in a highly favorable direction on a variety of measures. These personality variables may well be important, and other centers might wish to look for similar characteristics in prospective counselors. Supporting data and a list of references are included. (NCJRS)

068
Sexual Assault: Improving the Institutional Response. Volume 1, Summary and Recommendation.
Bieler, L.; Brown, J.; Brown, K.; Kalmanoff, A.; King, C.; and Kizziah, C.
New York, New York City Department of Employment, 78 p., 1975.
Available from: NTIS; Order No. PB-249-606.

Detailed analyses of over 350 interviews with sexual assault victims, criminal justice officials, health professionals, and members of the community resulted in recommendation for the handling of rape cases. This study for the Palo Alto, Calif., Police Department was commissioned to assess the impact of sexual assault on victims and to propose programs for improving the handling of victims and for encouraging the reporting of sexual assaults. The study confirms other findings that rape is a shattering experience with far-reaching traumatic consequences. The major difference between reporting and nonreporting victims is the presence of emotional support from family and friends. Only one victim called police herself; 67 calls were from relatives or acquaintances. Attempted rapes were more often reported than completed rapes, probably due to intense feelings of shame which accompany completed sexual assaults. While victims in this survey were not strongly critical of any particular agency, the cumulative inadequacies of service often constituted an ordeal. Police and hospital officials interviewed often expressed regret at the inadequacy of services. Greater coordination among agencies could do much to eliminate the major sources of variance between victim needs and institutional routine. At present the courts focus on the offender, and the police focus on the suspect; neither is set up to care about the victim. Greater sensitivity on the part of police and criminal justice personnel, greater coordination in questioning (many victims resented repeating the story over and over to police, doctors and prosecuting attoneys), and a greater willingness to prosecute would help more women feel free to report sexual assaults. More than half of the respondents indicated that the reason for nonreporting of rape had to do with distrust or fear of criminal justice and medical services. This distrust is even stronger among minority women. Greater use of community mental health resources is urged, and both police and courts are urged to maintain greater liaison with community agencies which could be of assistance in serving rape victims. Specific recommendations are made for police, hospitals, the court system, the probation department, mental health professionals, and the community. (NCJRS)

069

Sexual Assault: Improving the Institutional Response. Volume 2, Research Findings.

Bieler, L.; Brown, J.; Brown, K.; Kalmanoff, A.; King, C.; and Kizziah, C.

New York, New York City Department of Employment, 123 p., 1975.

Available from: NTIS; Order No. PB-249-607.

These interviews were part of a survey conducted for the Palo Alto, California, Police Department to improve treatment of rape victims and to increase reporting of sexual assault. Interviews with victims found the crime was less likely to be reported if the victim knew the offender because "nobody would believe me." Almost all the victims (88 percent) were threatened with serious harm and 65 percent sustained injuries. However, force had little to do with the decision to report. Instead, support of family or friends and circumstances were the deciding factors. Both black and Mexican-American women tended not to report sexual assault because they felt police would not believe them, the case would not be prosecuted, and they feared the stigma. Most suggested that rape victims be treated as stabbing victims are treated: take care of the person first and then worry about the reports. The police were generally seen as sympathetic in Palo Alto, but other California jurisdictions were criticized. Laywers and judges tended to feel that most sexual assault cases could not be prosecuted because of insufficient evidence. Many also felt the victim was somewhat responsible for the assault. Prosecuting attorneys felt male jurors were more sympathetic toward the victim than female. The hospital emergency room generated the most criticism. Doctors and nurses resented victims and felt pressured by the additional need to collect evidence; doctors could also ill afford to spend time waiting to appear as a witness in court. It is suggested that handling of rape evidence be given to ancillary medical personnel (attendants, paramedics, psychiatric nurses) trained in the special needs of sexual assault victims and that overworked residents not be asked to assume this additional burden. Doctors could handle the vaginal aspirate part of the examination, but the other details could well be performed by trained paramedical personnel. More sensitivity on the part of all criminal justice personnel, greater coordination in developing evidence, and more vigorous prosecution of sexual assault cases are suggested as means of increasing reporting.

070

Setting Up a Rape Treatment Center.

Binder, R.

Journal of the American Medical Women's Association 35(8):145-148, June 1980.

The Rape Treatment Center of the psychiatric emergency room at the University of California Medical Center in San Francisco is a 24-hour crisis intervention service staffed by specially trained psychiatric nurses and a staff psychiatrist. The center (1) provides rape victims with physical examinations by a gynecology resident and a psychiatric nurse, (2) provides followup psychological counseling and legal and medical referral, and (3) collects evidence for possible criminal proceedings. Followup counseling is provided via telephone or personal interviews for up to 12 months. Planning for the center involved meeting with a variety of community groups and women's groups as well as other centers. The comprehensive services provided by the center were thought to be more helpful than those provided by rape centers that depend on referral of victims to a variety of other agencies and services. Since rape is a psychological trauma, rather than a medical one, it was decided to place the center in the psychiatric emergency room. Paid personnel were used rather than volunteers to prevent problems associated with screening volunteers and maintaining high standards among volunteer personnel, and existing staff were used to keep costs low. Meetings with gynecology residents and gynecology department members were scheduled to inform the staff about dealing with rape victims. Development activities also included contacts with the public health laboratory and police department, academic psychiatrists and program evaluators, the public health department, the Victim-Witness Assistance Program (a program in San Francisco which helps victims through the court proceedings), and the medical center's records department and public relations division. 14 references.

071
Fighting Back: How to Cope With the Medical, Emotional, and Legal Consequences of Rape.
Bode, J.
Riverside, N.J., Macmillan, 279 p., 1978.

This book examines the emotional and physical effects of rape and focuses on the failure of the social and legal system to deal with victims humanely and effectively. Relying heavily on first-hand accounts of rape victims, it is a practical guide to women who have been victimized by rape. Personal reactions they may expect range from the initial shock, shame, fear, and long-lasting anxiety to insomnia and loss of appetite. Emphasizing the insensitivity many rape victims encounter from the police, examining medical personnel, and prosecuting and defense attorneys, the text discusses the initial police interview, medical treatment including collecting evidence and examining for venereal disease and pregnancy, and procedures victims must go through to press charges and eventually testify. Then the discussion moves to nonlegal agencies and treatment centers for victims. More than 200 community-based crisis centers for rape victims that concentrate on victim services exist in the United States. The main service offered is counseling the woman concerning both her reaction to the crime and her legal and medical rights. The centers also maintain referral lists for a variety of victim needs such as child care and temporary shelter. Some centers work in the community to change police and hospital policies regarding treatment of victims, and some try to educate the public concerning the extent of rape and to change erroneous but common beliefs about rape. Some alternative methods for obtaining resolution to a rape crime are suggested: direct confrontation with the offender in a setting of the victim's choice; suing an offender for damages in a civil suit; and "street sheeting" or posting descriptions in public areas of the offender, his approach, and his manner of attack. Rape is not a crime that affects women only; the victim's male relatives and friends must also deal with the problems caused by the assault and boys and men have been victimized by rape. A list of revisions of State rape laws are appended, as well as the text of the Michigan Sexual Assault Statute and the Washington Rape Law, the most comprehensive rape laws in the country. Notes, a bibliography, and an index are provided. The chapter on rape crisis centers includes the addresses of the centers along with those of selected rape victim advocacy groups and chapters of such organizations as Women Against Rape (WAR). (NCJRS)

072
Rape: Preventing It; Coping With the Legal, Medical and Emotional Aftermath.
Bode, J.
New York, Franklin Watts, 111 p., 1979.

Case histories and interview material are used in a discussion of rape as a social problem. The legal, medical, and emotional aftereffects of rape are explained, and practical advice is offered. In 1977, approximately 60,000 rapes, or 1 every 8 minutes, were reported to the police, but the true number is far higher because many incidents are unreported. The book describes both statutory and forcible rape and some misconceptions about rape. These include the ideas that most rape victims are attractive young women; that most rapes are committed by strangers; and that most rapes are spontaneous events occurring in dark, deserted areas. A rape victim will often find little help from the legal system if she waits more than a day or two in reporting the rape. She is at a similar disadvantage if she had been drinking or taking drugs prior to the rape and if she knew her attacker. Few prosecutions take place if the victim was hitchhiking or on a date with the accused rapist. The book emphasizes the need for victims to cooperate thoroughly with rape investigators, despite feelings of confusion, embarrassment, or fear. Support and advice for victims are usually available from a local rape crisis center or hotline. After reporting a sexual assault, the victim should be certain not to move anything at the crime scene and not to change her clothes or take a bath or shower, because all these elements may provide evidence. Finally, the victim should call a close friend or relative for emotional support during the reporting process and during the subsequent medical examination. Generally, a prosecutor will charge the accused man with rape if the victim did not consent to the act, if there were threats of force, and if there was medical verification of intercourse. When one of these elements is missing, the accused often will not be charged with rape, although he might be charged with a minor offense. The final chapter discusses preventive measures all women should follow to lessen their chances of becoming sexual assault victims. A bibliography and index are included, and a list of antirape organizations is appended. (NCJRS)

073
Rape Examination.
Braen, G. R.
North Chicago, Ill., Abbott Laboratories, 19 p., 1976.

This booklet describes a physician's examination of an alleged rape victim by presenting procedures for the technical aspects of the examination and advice for the psychological well-being of the patient-victim. It emphasizes that certain steps should be taken prior to the physician examination. First, the patient should be put at ease. Her psychological well-being is of prime importance. A private room should be provided, and a female nurse should be assigned to her for the duration of the examination. Obtaining the patient's informed consent is vital before proceeding with the physical examination. The history of the incident is especially important in future legal proceedings, and it should, therefore, be as complete as possible. Several different approaches to this history-taking are possible but they all need to cover the same ground. These points are listed and discussed in the booklet. Guidelines for the physical examination are presented. Particular attention is devoted to the medicolegal aspects of the examination, such as, "clear, concise reporting helps to keep the physician out of the courtroom." The necessity for the integrity of all test results is emphasized. The section on the treatment of sequelae covers venereal disease, pregnancy, and physical and psychological trauma. The booklet's appendix contains a brief outline of the steps in a complete rape examination. Materials needed, procedures, and comments are provided for each of the 25 tests. A list of materials needed for a "rape examination kit" is included. A wall chart is also available that reproduces the rape examination outline. It is suitable for display in a hospital or crisis center's emergency department. An accompanying film and a wall chart are also available. (NCJRS)

074

Treating the Rape Victim.

Breen, J. L. and Cooke, C. W.

Medical World News 17(5):50, 52-54, 56, 58, March 8, 1976.

Two physicians with expertise in treating rape victims were questioned about the role of the physician vis-a-vis the rape victim. Physicians who treat alleged rape victims have obligations to their patients and to the administration of justice. The physician must collect evidence for court proceedings, care for the victim medically to prevent pregnancy and venereal disease, and exert a positive psychological influence on the victim. Since family physicians and voluntary hospitals try to avoid dealing with rape, victims are usually treated at special centralized facilities or at public hospitals. Protocols for treating victims should be standardized so that victims can decide to prosecute after the trauma of the rape has subsided. Other issues that doctors must face concern counseling the victim concerning possible prosecution of the rapist, deciding on court appearances, obtaining consent from the patient to release information to the police, determining who should be present during the physical exam, determining what should be included in the patient history and what physical observations should be included in the exam, determining what specimens should be taken, taking venereal disease tests, determining who should evaluate the various tests, treating patients for venereal disease, questioning apparent rape victims who deny having been raped, dealing with child victims, following patients after the initial examination, and referring patients for psychological counseling.

075

Accountability: A Right of the Rape Victim.

Burgess, A. W. and Holmstrom, L. L.

Journal of Psychiatric Nursing and Mental Health Services 13(3):11-16, May-June 1975.

A study involving 109 adult female, 34 female pediatric, and 3 male pediatric victims of rape admitted to the Boston City Hospital was conducted to investigate the victims reaction to the police, hospital personnel, and counselors. Victims were interviewed at the hospital immediately after the rape incident and three months later. Counselors also observed and interviewed police and hospital staff. The study indicated that (1) victims wanted explanations from professionals about role expectations and procedures; (2) nursing and medical staff and police officers tended to be implicit rather than explicit in defining their role vis-a-vis victims; (3) victims reacted positively to police when the latter provided explanations concerning procedures; (4) professionals often failed to realize the extent of victims' hypersensitivity to actions or statements; and (5) counselors were appreciated by victims when the former made their role clear. It appears that in crisis situations clients benefit most when professionals state explicity what procedures they are performing and explain why these procedures are followed. The victims' reactions did not change significantly from the first to the second interview. 1 reference.

076

Adaptive Strategies and Recovery from Rape.

Burgess, A. W. and Holmstrom, L. L.

American Journal of Psychiatry 136(10):1278-1282, October 1979.

The effect of adaptive or maladaptive responses to rape on the victim's recovery over a 4 to 6-year period was examined using a followup study of 81 rape victims from 1 city. The women had all originally been seen in a Boston hospital's emergency department in 1972 and 1973. Of the 81 subjects, 78 were reinterviewed using a standard schedule of flexible and open-ended questions. Good indirect data were available for the other three women. A majority (74 percent) of the victims felt that they had recovered 4 to 6 years after the rape, while 26 percent felt that they had not. Half of the 74 felt to be recovered within months; the other half, within years. Those who recovered fastest used more adaptive strategies, including positive self-assessment, increased action, and defense mechanisms such as explanation, minimization, suppression, and dramatization. Those who were still not recovered had more maladaptive mechanisms such as negative self-assessments, inaction, substance abuse, and acting on suicidal thoughts. Three additional women from the original sample had died from maladaptive responses: two from suicide and one from medical consequences of alcoholism. In addition, recovery was most obvious in resumption of social task functions, but partnership relationships and sexual functioning both tended to be disrupted by the rape. Results suggested that clinicians should consider a large number of factors in identifying rape victims at high risk for a slow recovery and should be aware of the importance of high self-esteem and conscious coping and adaptive strategies in aiding recovery. Tables and a bibliography are included. (NCJRS)

077
Coping Behavior of the Rape Victim.
Burgess, A. W. and Holmstrom, L. L.
American Journal of Psychiatry 133(4):413-418, April 1976.

Interviews with all 146 rape victims entering the Boston City Hospital emergency department over a 12-month period were conducted to investigate the coping behavior of rape victims. The interview protocol included a series of open-ended questions about the victims' feelings and reactions to circumstances prior to the attack, the attack itself, and the chain of events following the attack. Subjects were interviewed at the hospital and usually within hours of the attack. Followup interviews were possible with 85 percent of the victims. Diagnostic categories were devised from the total sample, and a subsample of 92 women, 17 to 73 years old, who were diagnosed as suffering from rape trauma was used in the analysis of coping behavior. Data from the interviews indicated that (1) most victims perceived the rape as a life-threatening experience; (2) only 15 victims perceived a sense of danger prior to the assault; (3) a majority of victims used one or more strategies to react to the threat of attack; (4) basic strategies used included attempts to assess the situation cognitively, to talk their way out of the situation, and to flee from or fight the assailant; (5) 33 percent of the victims were unable to use any strategy to avoid attack; (6) during the attack, women once again used verbal, cognitive, and physical strategies, but also used psychological and physiological defense mechanisms; and (7) after the attack, victims attempted to alert others, bargain for their freedom, or free themselves. Counselors should identify victims' coping behavior as a reference in attempts to provide support and to begin the negotiation for crisis services. 22 references.

078
Courtroom Use of Hospital Records in Sexual Assault Cases.
Burgess, A. W. and Laszlo, A. T.
American Journal of Nursing p. 64-68, January 1977.

The full, accurate, and legible preparation of hospital records in sexual assault cases is vital to successful prosecutions. Examples of the way these records are used in trial situations are provided to illustrate the importance of proper records. (NCJRS)

079
On Rape.
Burt, M., et al.
2nd ed. Minneapolis, Minn., National Organization for Women, 90 p., 1975.
Available from: NCJRS; Accession No. 044177.

Information on legal and medical procedures, crisis response, and resources is presented in a manual directed to rape victims and to persons who provide services to rape victims in Minnesota. The manual is the work of a group of rape victims, trained rape counselors, and other women interested in the rape issue who formed Minnesota's National Organization of Women Task Force on Rape. The manual opens with a discussion of the responsibilities of persons who provide support services to rape victims. Patterns of response to the rape crisis are considered, and ways in which service providers can help rape victims deal with their experience are suggested. The discussion touches on the victim's fear of people and sense of vulnerability, her feeling that she has lost control over her life, her fear of the rapist or concern about what will happen to him, and the range of feelings the victim may experience (anxiety, guilt, shame, embarrassment, anger). Factors contributing to the response of police, attorneys, juries and others to rape victims are also examined. A detailed outline of medical services that should be offered to rape victims is presented, as are guidelines for avoiding rape and for self-defense against rapists. Minnesota's rape laws are reviewed, legal rights and procedures for rape victims are examined, and suggestions for revising Minnesota's laws against sexual assault are offered. The resource section of the manual includes a selected bibliography on rape and descriptions of medical, legal, and social agencies serving rape victims in Minnesota. (NCJRS)

080
Interpreting Rape: Differences Among Professionals and Non-Professional Resources.
Calhoun, L. G.
Paper presented at the Annual Convention of the Ameri-

can Psychological Association (88th, Montreal, Quebec, Canada, September 1-5, 1980), 19 p., 1980.
Available from: ERIC; Order No. ED-198 472.

Physicians and rape crisis counselors may play important roles in assisting a rape victim; their beliefs and perceptions about rape may influence their treatment of the victim. Physicians (N=10) and volunteer rape counselors (N=44) completed questionnaires focused on demographic characteristics, their experiences with rape victims, and personal attitudes and beliefs about rape. The two groups were compared on eight dependent variables: causality of rape, consequences of rape, deserved punishment of rapists, victim's precipitation of rape, normality of rapists, and power as a motivation for rape. There were no significant differences between the beliefs expressed by the physicians and those expressed by the volunteer counselors. Further analysis of the data revealed a pattern which suggests that as physicians and volunteers experience more personal contacts with rape victims, these professionals may: (1) view the psychological impact of rape as less severe; (2) be less likely to regard the victim as the precipitating cause; and (3) be less likely to perceive sex as a motivation for rape. (ERIC)

081

Maryland Commission on the Status of Women--Guidelines for: Victims of Sexual Assault; Hospital Procedures; Police; State's Attorneys; Judiciary.
Cardin, S. S.
Baltimore, Md., Maryland Commission on the Status of Women, 42 p., 1975.
Available from: NCJRS; Accession No. 044442.

Guidelines developed as models for adoption by Maryland police, hospitals, and other authorities are presented in order to assist women in being less hesitant to report sexual assaults to these authorities. Guidelines are given first for the victim of a sexual assault. Actions which she should take and those she should not take immediately after the assault are listed. The physical examination she will be given at a hospital is described in detail, with the purpose of each test explained. Important factors she should consider, including possible pregnancy, venereal disease, emotional reactions to the encounter, and alternative courses of action, are described. Criminal investigation, court procedures, and safety precautions in case of further contact by the assailant are discussed. The rights of the victim are emphasized, and she is encouraged not to be intimidated by law enforcement authorities. Model hospital procedures for the treatment of victims of sexual assault are outlined. Tests which should be conducted, preservation of all possible evidence, treatment of injuries, follow-up care, and above all, consideration for feelings of the victim are discussed. A sample report and instructions to the patient involved in a sexual assault are included. Recommended handling of a case by police, assignments of personnel to special rape squads, training, and treatment of victims are considered in the guidelines for police. A suggested checklist for law enforcement officers is included. Guidelines for the State's attorney regarding handling of the case and participation of the victim, and for the judiciary and the bar association regarding relevance and admissibility of evidence and conduct toward the victim in court, are outlined. A list of the members of the Maryland Commission on the Status of Women is appended. (NCJRS)

082

Sex Crimes Units Are Raising Conviction Rates, Consciousness, Costs...and Questions.
Charle, S.
Police Magazine 3(2):52-61, March 1980.

The effects of sex crime units on rape victims and on apprehension rates are discussed, noting various tactics these units employ and the attitudes of participating officers. Sex crimes units have been established in response to the alarming increases in the number of reported rapes--121 percent nationwide between 1960 and 1970--and from pressure by women's groups and psychologists who argue that rape victims require delicate treatment. However, police departments faced with budget cuts and conflicting public demands for police action often eliminate these special units or merge them with other units. In New York City, although the innovative Sex Crimes Analysis Unit has been inactive due to financial problems, the borough sex crimes squads have remained intact. They have contributed to the department's highest rape reporting rate in the nation (60 percent). In addition, cooperation between State and local police departments has helped experts establish rape patterns. State law in Connecticut requires all police agencies, hospitals, and counseling groups to complete a form detailing information on both the victim and the assailant; this data is then fed into a computer and disseminated to various police departments. Issues concerning the debate over sex crimes units include the tendency of officers to burn out during investigations of traumatic cases, the sex of the special investigators, changing stereotypical attitudes toward rape, particularly those held by older police officers. Training films for veteran officers, rape kits designed for medical personnel, and other innovations have been successful in easing the plight of the rape victim and increasing the likelihood that the rapist will be captured. The relationships between police and counseling groups as well as with prosecutors' offices are discussed. Photographs are included. (NCJRS)

083

Guidelines for the Treatment of Suspected Rape Victims.

Chicago Hospital Council, Ill.
Chicago, Ill., the Council, 36 p., 1977.

Hospital guidelines for the notification of authorities, setting for treatment and police interviews, handling of evidence, examination and treatment, medical records, and transfer are provided for rape victim cases. These guidelines, which were established for hospitals in Chicago, are intended for emergency room personnel and for medical and social services staff members. Hospitals must immediately report suspected cases to the police, and if juveniles have been molested by a person responsible for their welfare, the Department of Children and Family Services must also be notified. The examination of and consultation with the victim must take place in a private setting, and a staff member should remain during police interviews if the victim so wishes. Also, personnel are directed to provide sympathetic counsel to the victim and any accompanying persons, and any comments which might increase the victim's anxiety are to be avoided. An immediate preliminary examination should be followed by examination by a gynecologist, who is required to provide prophylactic treatment for venereal disease and pregnancy at the victim's request. Guidelines for social workers and for medical follow-up care are provided. Information and evidence are released by the hospital only upon written consent of the patient or upon receipt of a subpoena or court order. Recommendations for the gathering of evidence are made, and the requirements for recording the names of all persons handling the evidence are provided. Well detailed medical records are suggested which can assist staff members in recalling an incident if they are called to testify in court. Finally, patients are to be transferred to other hospitals only if the receiving hospital can not provide appropriate care. In appendixes, sections from laws which concern the handling of rape victims and a sample medical report for cases of suspected sexual assaults are provided. (NCJRS)

084

Service Guide for Professionals Who Assist Victims of Rape, Child Abuse, and Domestic Violence.

Citizens Committee for Victim Assistance, Chicago, Ill.
Chicago, Ill., the Committee, 33 p., (197-?).
Available from: the Committee, 11 South La Salle, Chicago, Ill. 60603.

A service guide is provided by the Illinois Law Enforcement Commission for law enforcement, medical, and social service professionals to assist them in helping victims of rape, child abuse, and domestic violence. This guide has been prepared to (1) familiarize professionals with aspects of Illinois laws that directly relate to victims of rape, child abuse, and wife abuse, and (2) identify general and specialized resources that can assist abuse and rape victims, as well as other crime victims. Part one provides basic information for and about rape victims. It covers hospital examinations, the role of the police, counseling, and what happens in court and at a trial. The address, phone numbers, and services of public and private services aiding rape victims are listed. Part two provides basic information on child abuse, including the primary provisions of the Illinois Abused and Neglected Child Reporting Act, the conditions under which and to whom suspicion of child abuse may be reported, and the investigative policies of the Department of Children and Family Services. A list of agencies that provide child services to child abuse victims and their families is included. A following section on domestic violence describes immediate legal remedies available to the battered woman. However, most of this section lists and describes general and specialized legal resources or agencies providing services to the battered woman in Illinois. Included are listings of housing services should the battered woman decide to move outside the home, agencies specializing in individual and family counseling, organizations that deal with alcoholism as a contributor to family violence, information and referral services, and advocacy services. Appendixes include the text of the Illinois Abused and Neglected Child Reporting Act, a listing of sex offenses under the Illinois criminal code, an explanation of the act creating the Illinois Department of Children and Family Services, excerpts from the Juvenile Court Act, and the text of the Illinois Rape Victims Emergency Treatment Act. (NCJRS)

085

Counseling Victims of Rape.

Clark, T. P.
American Journal of Nursing 76(12):1964-1966, December 1976.

Experiences of a group of nurses and social workers from the emergency and gynecology services who volunteered to counsel rape victims at Yale-New Haven Hospital in Massachusetts provide insight into problems confronted in treating and counseling rape victims. The crisis intervention team includes nurses, psychiatric nurses, a psychiatrist, and a policewoman. It is important for the patient to have counseling as soon as possible and to provide the counselor with some background information prior to their first encounter. The role of the counselor and hospital procedure are made clear to the patient prior to counseling. It is part of the counselor's responsibility to determine whether the attack consisted of anything other than vaginal intercourse. As the patient begins to feel more comfortable, the counselor can begin to address the patient's long-range problems, such as informing friends and family, understanding police and judicial processes, and obtaining help from community resources. Written information should be provided to reinforce verbal information provided when the patient is in a confused state. The counselor should inform the patient concerning results of diagnostic tests, document patient statements and actions, maintain followup contacts, and provide referral in the case of severe mental stress.

086
Rape Examination: A Prescription for Medico-Legal Procedures.
Cryer, L.
Victimology 1(2):337-341, Summer 1976.

Houston (TX) hospitals, in cooperation with the city district attorney and police, have developed a rape evidence packet to standardize the collection, routing, and analysis of the specimens collected. Law enforcement has assumed responsibility for the costs and assemblage of laboratory containers compiled in an evidence packet; transmission of this packet to medical facilities and private physicians throughout the community; and analysis of the specimens collected. Each packet contains an instructional sheet, examination form, and small plastic envelope specimen containers. The medical report form, which stresses that the physician should examine the victim for trauma on all parts of the body, contains sections for a brief history, findings of the medical examination, specific laboratory specimens collected, and authorization for collection and release of evidence. Use of these packets has led to increased guilty pleas and decreases in rape cases dismissed due to insufficient evidence. (NCJRS)

087
Counseling the Victim of Sexual Assault.
Doweiko, H.
Journal of College Student Personnel 22(1):41-45, January 1981.

Counselors in a university setting are in a position to offer rape victims postassault adjustment counseling and at the same time to help minimize the impact of the assault through normal developmental tasks. A conceptual framework of the postassault adjustment process is presented. (ERIC)

088
Victimology--A New Focus, V. 3: Crimes, Victims, and Justice.
Drapkin, I. and Viano, E., eds.
Lexington, Mass., Lexington Books, 251 p., 1975.

Part of a five-volume series on victimology, this text discusses the problems relating to criminal justice system treatment of the victim, and explores methodological questions about victimization surveys. This text and its four companion volumes contain a series of English language papers which were originally presented during the First International Symposium on Victimology held in Jerusalem in 1973. A few other papers, not read in Jerusalem, are also included because of their relevance to the development of victimology. The first part of this text contains 12 papers which explore the treatment of the victim at the hands of the criminal justice system. Among the topics examined are the role of the victim in judicial proceedings; the treatment of the rape victim and the psychological impact of criminal justice handling on the rape victim; the victim's role, participation, and impact on different stages of the criminal process; victim protection; and the falsely accused defendant. In part two of this volume, four articles are provided which examine the development of, the methodological considerations in, and the results of such crime and victimization surveys. (NCJRS)

089
Case of Rape--True or False.
Enos, W. F.
Fairfax Sentinel p. 58-59, 61, 63, Fall 1976.

The author, a pathologist responsible for conducting medical examinations of rape victims in Fairfax County (Va), discusses procedures used in that jurisdiction to investigate rape complaints and minimize victim trauma. (NCJRS)

090
Psychotherapy for the Rape Victim--Some Treatment Models.
Evans, H. I.
Journal of the American Psychiatric Association 29(5):309-312, 1978.

The strengths and weaknesses of several psychotherapy models for rape victims are weighed; an integrated therapy model that would measure the rape victim's stages of recuperation is provided. A victim of rape immediately feels an acute disruption of her lifestyle and coping skills and a great stress on her ego. In order to achieve long-term integration, she must resolve a lack of trust of men, paranoia about her physical safety, guilt, and a grief reaction. Rape crisis centers, offering extensive support and education for rape victims within a peer framework rather than under the rubric of mental health or psychiatry, seem to meet the needs of many women. The psychodynamic therapy approach, appearing to assume victim precipitation, is expensive, time-consuming, and ineffective for most people. Another approach, traditional humanistic therapy, also encourages empathy with the assailant through role playing in psychodrama. Although the group format is helpful, the victim's mistaken expectations of recovery often leads to an increase in anxiety and guilt. Existential and growth models are similar to the humanistic model, and behavioral-cognitive therapy, although providing symptomatic relief for the rape victim, has yet to be reported as systemetically effective. A discussion of the crisis therapy model notes that the rape victim undergoes a succession of crisis and adoptive phases during which she becomes increasingly able to handle stress. Important factors in the victim's recuperation period are symptom relief and the support of significant others. A proposed model for measuring the rape victim's progress consists of a numbered scale of adaptive behavior in which she can advance from the first stage--acute disorganization--to higher levels of behavior. The scale would provide a method of quantifying the rape victim's uneven recovery rate. Treatment modalities for each stage of the victim's recuperation can also be compared for effectiveness. Nineteen footnotes are provided. (NCJRS)

091
How to Convict a Rapist.
Eyman, J. S.
New York, Stein and Day, 179 p., 1980.

Viewing rape as an aggressive criminal act, this book provides rape victims with practical information concerning preserving evidence, approaching the court process, and finding witnesses. It also analyzes the personality of the rapist. Refuting the idea that rape victims in some way "invite" encounters, the author asserts that rape is not a sex crime but a crime of violence committed by individuals with personality disorders distinguished by lack of conscience. Practical information is given for aiding the victim in gathering crucial data that may lead to conviction. Specific police procedures are detailed. Questions that are critical to the identification of the criminal are provided, and a special form (such as that many law enforcement agencies use for finding missing persons) is included. Medical aspects of rape investigation are discussed, and a rape treatment center form is reproduced. Further, the victim's participation in the legal process of prosecuting the rapist is discussed. The victim should be versed in at least the rudimentary terms of the law. Emphasis is given to the importance of her testimony: she must choose her words carefully, speak with conviction, and address the jury directly when answering questions from the attorney. Precautions that women can take to lessen their vulnerability to rape are provided for use in the street, the home, and the car. The characteristics and motivations of rapists are discussed in a lengthy appendix which includes interviews with convicted rapists. Other appendixes include notes for professionals who are involved in rape cases, information about the morals squad, and instructions for handling clinical evidence from rape victims. Charts, forms, and procedure outlines are included. (NCJRS)

092
Impact of Rape on Sexual Satisfaction.
Feldman-Summers, S.; Gordon, P. E.; and Meagher, J. R.
Journal of Abnormal Psychology 88(1):101-105, 1979.

A retrospective questionnaire covering 23 sex-related activities was used to compare 15 adult female Anglo rape victims with 15 nonvictimized controls, to study the impact of rape on sexual satisfaction. The victims ranged from 19 to 55 years of age, with a mean of 27.7 years and a median of 26.0 years. Nonvictims ranged from 20 to 55 years, with a mean of 30.5 and a median of 29.0. Rape was defined according to Washington State laws, and included forced vaginal, oral, or anal intercourse. Comparisons were made between victims' sexual satisfaction before the rape and 1 week and 2 months after the rape, and between victims' and nonvictims' current and past sexual satisfaction. Victims' sexual satisfaction with a wide variety of sex-related activities decreased significantly following the rape, although autoerotic and primarily affectional experiences were apparently not affected. Although the two groups did not differ in frequency of various sexual activities or orgasms, rape victims reported significantly less current sexual satisfaction than nonvictims. Time lapse between the rape and the time of the study did not significantly affect the results, which suggested that rape has a strong negative impact on some aspects of the victim's sexual life. Rape victim treatment that includes sexual counseling designed to alleviate these impacts is recommended. Footnotes, references, and a table of results are included. (NCJRS)

093
Follow-Up Observations of Adolescent Rape Victims.
Felice, M.; Grant, J.; Reynolds, B.; Gold, S.; Wyatt, M.; and Heald, F. P.
Clinical Pediatrics 17(4):311-315, April 1978.

From March 1, 1975, through February 29, 1976, the Division of Adolescent Medicine of the University of Maryland Hospital offered a comprehensive followup program to all adolescent girls treated in the emergency room for rape. Each girl was offered medical and psychological followup care as well as informal legal information. The followup care was provided by one or more members of a multidisciplinary team consisting of a public health nurse, social worker, two senior law students, and a behavioral pediatrician. The team had access to services of child psychiatry and child psychology departments. All clinical care was coordinated by the team's public health nurse. During the 12-month period, 218 alleged rape victims, 3 months to 83 years old were treated in the emergency room. Of these, 102 patients were between 11 and 19 years old; 39 of these adolescents returned for followup care. Interviews with those who reported for followup care revealed various psychological symptoms, including phobias, insomnia, depression, school problems, psychosomatic complaints, increased alcohol intake, and suicidal behavior. Responses to rapes generally involved a fear phase characterized by development of phobias and a phase during which victims denied that the rape affected them despite evidence to the contrary. No significant differences distinguished the girls who returned for followup care from those who did not, except that girls who had been raped by more than one assailant tended to avoid followup. 12 references.

094
Information for Sexually Assaulted Persons.
Fenn, B.
Bellevue, Wash., Bellevue Police Department, 30 p., (197-?)
Available from: NCJRS; Accession No. 045486.

To aid the sexual assault victim in dealing with the investigative, procedural and emotional sequelae of the attack, an informative pamphlet detailing police and court procedures and service availability is presented. The first stage of the police process in question is the completion of a crime report by a specially trained member of the Bellevue (Washington) Police Department. An indepth followup investigation is then conducted by a detective from the Crimes Against Persons Division. If necessary, transportation for immediate medical treatment will be provided. A hospital examination should be conducted as soon as possible after the assault, to determine injury, possible pregnancy, or venereal disease, and to collect evidence regarding the assault or the assault suspect. In addition to medical evidence, the crime scene will be processed, and photographs and a composite picture of the suspect may be drawn up. Following positive identification, the suspect will be arrested. The suspect may be released within 48 hours of arrest: the victim should report immediately to the police any further contact by the suspect. Prior to the trial, the victim will be interviewed by the prosecuting attorney, the arraignment will take place, and a preliminary hearing may be held, during which witnesses may be called and plea bargaining may be initiated. If the case comes to trial, witnesses will be called, and the prosecutor will attempt to prove the defendant's guilt beyond reasonable doubt. Sentencing following a conviction may take months, and if the case is appealed, years. The assault victim is not requested to testify during an appeal. Many victims may experience rape trauma syndrome following the attack. It is usually characterized by three phases: (1) acute reaction -- shock, disbelief, anxiety, and fear; (2) outward adjustment -- repression of feelings of guilt and anger and a return to normal activities; and (3) integration and resolution. Preoccupation with assault and recurrence of depression and anxiety may occur for which professional help should be sought to aid the victim in the full integration and resolution of the experience. Special rape relief centers are available to help sexual assault victims deal with emotional sequelae of rape. Specialized support services are also available for disabled and child victims. A flow chart of police and court procedures and a table of community mental health, gynecological, abortion, and other social services are presented. A glossary of terms and a form for listing pertinent individuals, phone numbers, and medical, legal, and court appointments are also provided. (NCJRS)

095
Psychotherapy With Rape Victims.
Forman, B. D.
Psychotherapy: Theory, Research and Practice 17(3)304-311, Fall 1980.

A case study of a 26-year-old women who was sexually assaulted while undergoing psychotherapy suggests that there are five stages in the victim's response to rape; each of the stages requires different therapeutic approaches. The victim's response proceeds from an overwhelming sense of shock that will be expressed by a veneer of self-control or by hysteria and unstable reactions through denial of the experience and formation of fears, anxiety, depression, or guilt and shame, to an anger phase characterized by primitive rage. The final phase, resolution, is achieved as the victim accepts the sexual assault as part of her past and integrates it into her life. To help the victim through these stages, the psychotherapist must begin by providing support and nurturance, proceed by urging the victim to recount the rape, and conclude by helping the victim alleviate feeling of guilt and shame through ventilation and insight. Numerous references.

096
Forcible Rape: Medical and Legal Information.
Forrest, L. and Schram, D.
Seattle, Wash., Battelle Memorial Law and Justice Study Center, 24 p., 1977.
Available from: GPO; Stock No. 027-000-00537-3.

This booklet was written specifically to help confused and upset victims of rape better understand the legal and medical procedures which they might experience in the course of the investigation and prosecution of the crime. Each contact that a rape victim would have with the criminal justice system is outlined, from the initial police report through the medical procedures and police investigation to the actual trial. Because each rape case is unique, the manner in which an individual victim's case is handled may vary from this outline. This booklet describes the ideal way a case should be handled and tells what a rape victim has a right to expect. A glossary of legal and medical terms relating to the crime of rape is provided to allay any confusion on the part of the victim. An appointment directory is furnished for recording the times and places of meetings with doctors, detectives, and the prosecutor. (NCJRS)

097
Emergency Service Based Rape Counseling Team.
Frazier, W. H. and Moynihan, B.
Connecticut Medicine 42(2):91-94, February 1978.

An examination of how an emergency service-based rape counseling team can meet a sexual assault victim's medical, psychological, and legal needs is reviewed. While use of the Yale-New Haven Hospital Rape Counseling Team (Y-NHH R.C.T.) has increased 600 percent in the 2.5 years since its founding in 1974, an evaluation of the program's effectiveness is hampered by the refusal of most rape victims to provide followup interviews. However, approximately 60 percent of the patients are followed for 6 weeks or longer, and the majority express great appreciation for the efforts of the team. The team's caseload has grown from a monthly average of 2.4 in 1974 to 13 cases in the first month of 1977. While the composition of such a team should vary according to the services and personnel available at the sponsoring institution, the most valuable members of the Y-NHH R.C.T. are the counselors who coordinate the services provided to each patient. Counselors are usually female registered nurses or social workers, psychologists, and other health care professionals. Counselors are carefully selected. Liaison is maintained with other supporting agencies which aid the victim. The major functions of the team are patient care, education, research, and consultation. Accurate and complete records are kept by the team and are viewed as a crucial aspect of patient care. The educational efforts of the team are directed to improving team members and educating other concerned parties. Research is aimed at developing better treatment procedures, discovering sexual assault patterns, and improving educational activities. Consultation is provided not only to victims but to other groups seeking to set up similar programs. Further evaluation of the quality and appropriateness of services and the effectiveness of intervention is needed. (NCJRS)

098
An Intervention Model for Rape and Unwanted Pregnancy.
Freiberg, P. and Bridwell, M. W.
Counseling Psychologist 6(2):50-53, 1976.

Rape victims or women facing unwanted pregnancy, pass though the typical stages in the grief process, namely, denial of the situation, depression, anger, and resolution and integration of the experience. The sense of loss resulting from the unwanted or terminated pregnancy generally centers on the fetus, while the sense of loss associated with rape centers on the victim's self-respect. Compared to the pregnant women, rape victims experience a disrupted denial phase due to social forces against reporting the assault and depressive phases characterized by guilt and fear rather than a sense of lack of control. The anger phases of the reactions of women in both situations are complicated by social disapproval of expressions of anger by women. For rape victims, the resolution phase can often be facilitated by contact with other victims through work with rape counseling services; this activity may, however, prolong the anger phase indefinitely. Women in both situations need immediate counseling. In counseling rape victims, professionals should avoid preoccupation with the authenticity of the rape, help the victim overcome fears associated with examination by a gynecologist, help the victim explore concerns about her family and friends, provide information about the legal aspects of rape, explore feelings of guilt and humiliation with the victim, and assess the victim for specific background factors that place her at risk for subsequent psychological problems. 8 references.

099
Information Pamphlet for Sexual Assault Victims.
Fuder, S. M.
(Marietta, Ga.), Marietta Police Department, 17 p., (197-?).

To aid victims in understanding available aid and necessary procedures following the assault, information pertaining to the police, hospital, medical examination, volunteer services, the courts, and laws are provided. When a sex offense is reported to the Marietta (Georgia) Police Department, an initial report and investigation ascertaining victim, suspect, and offense will be made. If necessary, emergency transportation for treatment will be provided. A followup investigation will provide additional information and evidence. A medical examination should be done as soon as posible and will include a brief history, pelvic examination, blood and pregnancy tests, and evidence gathering. Juvenile cases will be given special handling. Police investigative procedures may include a signed statement by the victim, construction of a composite drawing for suspect identification, photographing of injuries, viewing of files, and an indepth interview. Assistance to the victim is available through the Rape Crisis Center, and the Department of Health and the Department of Mental Health in Cobb County. Possible emotional reactions to the assault may include fear, guilt, anxiety, depression, or denial. Trained professionals can aid the victim in coping with these problems. Continuing investigations will be made. Third party reporting is encouraged as a prevention and deterrence measure. Georgia State criminal law pertaining to rape, sodomy, incest, statutory rape, child molestation and enticement, obstruction of officers, false crime reporting, and tampering with evidence is reviewed. A preliminary hearing will be held once a suspect has been apprehended. A grand jury trial is required for all felonies, although a lesser charge may be voted. After an indictment has been handed down, the defendant is arraigned before the Superior Court and motions may be filed by the defense. A court calendar will be called and if the case is ready to go to trial, a jury will be selected. The prosecuting attorney may hold pretrial conferences with prospective witnesses. The victim may be contacted by the defense attorney but need not answer his questions. Finally, the trial will be held. It is emphasized that the defendant, not the victim, is on trial. The victim's cooperation throughout these procedures is essential if the offender is to be apprehended and prosecuted. Important Cobb County agency and service phone numbers are included together with spaces for pertinent information and notes. (NCJRS)

100

A Therapeutic Art Session With Rape Victims.

Garrett, C. A. and Ireland, M. S.

American Journal of Art Therapy 18(4):103-106, July 1979.

In the summer 1978, a 7-week group therapy program, which included an art therapy component, was initiated for victims of sexual assault in Honolulu, Hawaii. Developed by the Sex Abuse Treatment Center, the group was designed to provide an alternative to individual psychotherapy, an additional therapeutic experience for individuals in psychotherapy, and a method of followup group support. The victims, who ranged in age from 17 to 31 years old, had been assaulted by "power rapists," whose primary motivation had been to control and humiliate their victims. The two female therapists who led the group introduced art therapy to help members clarify the impact of rape by drawing symbolic pictures of themselves before and after the rape. Analysis of four of the five pairs of drawings produced by the group members indicated that the art therapy provided members with a common language that gave each of them an equal chance to express the impact rape had on her. Each subject refrained from drawing human figures, used sexless symbols to represent themselve, and used the same symbolic representation in each picture of the pair even though the representations and their environments changed from one picture in the pair to the next. Art therapy allowed the victims to express their pain and fear in an emotional manner and provided clues to group members on how to speak to one another. A series of art exercises addressing a variety of topics could prove effective as a means of rape therapy. 2 references.

101

Rape: Helping the Victim--A Treatment Manual.

Halpern, S.

Oradell, N. J., Medical Economics, 182 p., 1978.

Procedures and guidelines for meeting the needs of rape victims are presented in a manual directed to medical, criminal justice, and other agencies and individuals who deal with victims of sexual assault. Step-by-step procedures, treatment protocols, and related information are presented in chapters addressed to specific agencies or to stages of rape victim care: immediate needs; arrival at the emergency room; medical history; medical examination; collection of evidence; venereal disease; pregnancy; exit procedures; the police role; the prosecutor's office; and crisis intervention. Information on false suppositions about rape, counseling for the families and friends of rape victims, and coordination of victim services is provided. Specific treatment protocols for adult and child victims are directed to medical personnel, counselors, police, and prosecutors. Over half of the manual consists of reference materials drawn from agencies throughout the country. Included are the Washington, D.C., Rape Crisis Center's Rights of Rape Victims; sample forms for hospital reports of suspected sexual assault, medical reports of sexual assault, medical examination records, and hospital consent forms and patient instruction sheets; guidelines for performing pelvic examinations; guidelines for rape crisis counseling intervention; procedures for handling evidence in rape cases; information on a Dallas, Tex., program for assuring proper care of rape victims and rape evidence; procedures for telephone followup contacts with rape victims; guidelines for police on crisis intervention and investigation of forcible rape and on interviewing rape victims; information on a district attorney's rape coordination project; sample physician testimony in a rape case; a table showing staffing-workload comparisons for sex crime investigative units in 13 urban police departments; and guidelines for avoiding rape. A list of community antirape projects and a selected bibliography are provided. (NCJRS)

102

Sample Nursing Procedures Manual for Correctional Health Services.

Haynor, D.
Lansing, Mich., Michigan Department of Corrections, Office of Health Care, Correctional Health Care Program, 331 p., (197-?).

Both general nursing procedures and emergency care techniques for drug problems, assault victims, and rape victims are covered in this manual based on procedures used in the Muskegon, Michigan, correctional facility. The first section covers such basic techniques as taking blood pressures, giving bed baths, and performing routine morning and evening care. The next sections then discuss advanced care procedures, such as postoperative care, while the final section addresses emergency medical procedures in cases of assault with a sharp weapon, assault with a blunt weapon, drug overdoses, etc. The emphasis is purely medical and the purpose is to spell out sound procedures that will assure quality care. The step-by-step directions are augmented by glossaries of terms, lists of medical abbreviations, a check list for emergency room supplies, sample report forms, and other pertinent materials. (NCJRS)

103

Rape: Counseling the Traumatized Victim.

Heppner, P. P. and Heppner, M.
Personnel and Guidance Journal 56(2):77-80, October 1977.

The article provides practical and professional information needed by practitioners interested in counseling rape victims; additional intervention strategies and services are suggested. The need for professional counseling services for rape victims is perhaps greater than for other crimes because of the mixed messages and myths perpetuated by society about rape. The psychological trauma may alter a victim's interpersonal relations, physiological patterns (e.g., eating, sleeping), self-concept, and overall psychological functioning for many months, or in some cases, even years. Knowledgeable and sensitive counselors can perform a valuable service by providing immediate support and technical information in the initial counseling sessions. The three primary goals in this initial stage are establishing a sound working relationship with the rape victim, providing practical information about the aftermath of a rape, and exploring the need for long-term counseling. Deeper psychological needs usually arise that require more intensive counseling, the goals which are further identification, clarification, and acceptance of feelings; reorientation of perceptions and feelings; and resumption of a regular, normal lifestyle. Common feelings and potential problems of the rape victim to which counselors need to be sensitive include: (1) a heightened sense of vulnerability; (2) suspicion and extreme sensitivity in dealings with males; (3) fear of the rapist returning; (4) feelings of confusion about telling other people; and (5) feelings of guilt, shame, embarrassment, and stupidity. Techniques for dealing with these reactions involve reassuring the victim that the feelings are experienced by many rape victims, developing a defensive plan of action to allay fears of a reoccurrence of the attack, aiding the client to acquire the requisite skills to act on her decisions, and helping the victim to realize that she is truly a victim and correctly attribute blame to the rapist. The counselor must help the victim put the incident into the proper perspective: although the experience was traumatic, the victim must incorporate it into her life and continue living. She must not be allowed to withdraw from daily activities, as she may become more depressed and isolated. The variety of activities to which the counselor can lend professional expertise includes: short-term and long-term counseling; rapist-rehabilitation group counseling; community-helper training; enhancing public awareness; and promoting legal change. Rape crisis lines to provide support, legal and medical information, and referrals for long-term counseling are being set up in some metropolitan areas. Therapy groups for families and friends of rape victims help deal with the psychological conflicts which follow the rape of someone close. Police and hospital personnel are in need of workshops and training programs that will give them skills in working with the emotionally traumatized victim. Workshops for the general public can serve to disseminate information and enhance public awareness. While some States have already begun revising outdated and destructive rape legislation, areas that need special attention are: (1) revising sentences; (2) including men as possible rape victims; (3) including wives as possible rape victims; (4) deleting use of past sexual history of victims as admissible evidence; and (5) setting up counseling referral procedures for rapists. (NCJRS)

104
Rape Victim.
Hilberman, E.
Washington, D.C., American Psychiatric Association, 110 p., 1976.

This monograph attempts to summarize what is known about the needs and experiences of the female victim and her family and to provide a framework in which clinicians can more knowledgeably provide victim assistance and support. Discussed are the sociocultural context of rape, and some of its legal and medical aspects. Some of the specific problems inherent in the hospital treatment of the victim are described and a set of guidelines are provided for utilizing crisis programs for victims of sexual assault in a hospital setting. Other areas considered are community rape crisis centers, reactions to rape, and counseling and treatment of the rape trauma syndrome. Special attention is given to the child victim. In an analysis of the role of the psychiatrist in dealing with rape trauma, the author indicates the need for clinicians to inform themselves about local hospital policy, criminal justice procedure, rape statutes, and community attitudes in order to gain an understanding of the context in which rape occurs. A four-page bibliography is included. The appendix contains operational and proposed guidelines for management of sexual assault cases. (NCJRS)

105
Rape: "The Ultimate Violation of the Self." (Editorial)
Hilberman, E.
American Journal of Psychiatry 133(4):436-437, April 1976.

Much of the literature on rape tends to emphasize medicolegal aspects and the possibility that the victim may have provoked the crime rather than the psychological trauma experienced by the victim. The myth concerning rape developed by the medical and criminal justice establishments suggests that prior sexual experience on the part of an unmarried victim is reasonable evidence of "provocation." The confusing and alienating medical and legal processes that confront the rape victim are particularly damaging since the victim is often isolated from her normal social support system and psychologically traumatized. Changes in attitudes about rape have been largely due to women who have begun to sensitize medical, social, and legal institutions on the extent to which cultural biases have determined the maltreatment of the victim. Innovative and empathetic services for victims will serve as a deterrent to the crime by facilitating reporting of the crime and thereby the apprehension and prosecution of assailants. Ultimately, however, the elimination of rape demands a massive restructuring of social values to include a reconsideration of the relations between the sexes. 6 references.

106
Assessing Trauma in the Rape Victim.
Holmstrom, L. L. and Burgess, A. W.
American Journal of Nursing 75(8):1288-1291, August 1975.

Interviews with 146 rape victims, 3 to 73 years old, treated at Boston City Hospital from July 1972 to July 1973 resulted in the development of three diagnostic categories of sexual trauma. The interview protocol, which was administered during counseling, was a guide of general topics rather than a rigid questionnaire. Rape trauma, the first of the three categories derived from the interviews and followup work, results from forced, violent sexual penetration and results in an acute disorganization of the victim's life that requires a long-term process of reorganization. The victim responds by either suppressing the trauma or compounding the symptoms resulting from the rape with symptoms resulting from other problems. The second category, the accessory-to-sex reaction, occurs when the victim contributes in a secondary way to the offense by assisting the offender. These victims, most of whom are minors, are incapable of consenting to sexual activity due to developmental immaturity. The authority held by the offender prevents the victim from revealing the rape and forces the latter into social and psychological withdrawal. The third category, the sex-stress reaction, results from violent or perverse circumstances surrounding sexual activity to which both parties consent; the major symptom is anxiety. The categories have been used in teaching emergency room staff, counselors, and interdisciplinary seminars. The categories have legal as well as diagnostic relevance. 5 references.

107
Victim of Rape: Institutional Reactions.
Holmstrom, L. L. and Burgess, A. W.
New York, Wiley, 306 p., 1978.

Ways in which police, hospitals, and courts respond to rape victims and the impact of their response on the victims are analyzed. A study was conducted of 146 victims with a complaint of rape admitted during a 1-year period to the emergency ward of a large municipal hospital. The victims were followed from their admission to the hospital through the entire legal process. The main purpose of the study was to determine whether victimization can be increased by those institutions which are supposed to help victims. The main sources of data were participant observation and interviews when the victim was admitted to the hospital, weekly followup interviews on their emotional problems, and participant observation and discussion at the courthouse. Questions asked and some observations made during the various stages of the process are described. The first steps a victim faces in reporting the crime, her initial contact with police, and typical experiences encountered during this stage are discussed. The attitudes and concerns of police officers toward different rape victims, various ways in which they have handled the initial interview, and summaries of victims' reactions to this first encounter with the police are presented. The double role of the hospital staff--to provide medical care and to collect legal evidence--is examined. Various attitudes on the part of hospital staff which have been encountered by rape victims are described; they range from professional politeness to disparagement. Staff perceptions of the victims, as well as victims' perceptions of the hospital and the treatment they received, are discussed. Many of the difficulties encountered by victims in taking a case to court; the cross-pressures put on them to prosecute and not to prosecute; different types of treatment they receive from district attorneys; the legal delays and frustrations; questions they are asked during the trial; and ways in which they are viewed by judges, juries, and attorneys all vary greatly from one case to another. Brief descriptions of many different victims' experiences are presented to illustrate the wide discrepancies in treatment. An analysis of the outcomes of the court process provides data regarding convictions and acquittals of defendants and factors which affect conviction rates. The authors suggest that the victim loses, whatever the outcome of the trial. Finally, policy recommendations for institutional response to rape victims are outlined. An index is provided. (NCJRS)

108

Rape: An Organized Approach to Evaluation and Treatment.

Hunt, G. R.
American Family Physician 15(1):154-158, January 1977.

Physicians should develop an organized approach to the evaluation and treatment of rape victims to address legal as well as medical issues. Medical records developed on rape victims must be clear and complete enough to serve as evidence in judicial proceedings. When evaluating the patient, the physician should attend closely to first impressions, obtain a complete history of the victim's gynecological background and the rape, avoid a judgmental position, realize that medical records are legal evidence, examine other areas of the body as well as the pelvic area, collect any material or secretions adhering to the victim's body or clothing, test the victim for venereal disease and pregnancy and treat the victim if necessary, provide psychological support and referral to rape counseling resources in the community, involve the husband in attempts to provide emotional support to the victim, and insure that some followup care is provided. A formal rape protocol should specify all procedures to be performed in association with the initial observation period, the history, physical examination, laboratory tests, collection of evidence, and provision of prophylaxis. A sample protocol is included.

109

Investigating the Crime of Rape.

International Association of Chiefs of Police, Gaithersburg, Md.
Gaithersburg, Md., the Association, 8 p., (197-?).

This booklet reproduces the script and illustrations used in a 12-minute sound slide program designed to train law enforcement personnel to investigate the crime of rape. The program consists of 60 slides with an audiocassette. It was produced by the International Association of Chiefs of Police. Rape is defined as a sexual act committed without the female's consent. The investigator's first responsibility after arriving at the scene of the crime is to help the victim. Next, the investigator should secure the crime scene, obtain information about the assailant, and obtain a written statement from the attending physician corroborating the charge of rape. The crime scene, the victim's body and clothing, and hair, blood, semen, flesh, and fabric will all be important sources of clues. When the victim is interviewed, a third person should be present to prevent accusations by the victim of misconduct by the investigator. The investigator should use correct technical terms, develop questions according to the victim's capability of understanding, and try to determine whether or not the accusation is false. In any case, a complaint of rape should be considered bona fide until a complete criminal investigation substantiates or disproves the charge. The booklet presents each slide and the script accompanying it, as well as blank space for comments by the instructor. (NCJRS)

110

Guidelines for the Hospital Emergency Department in Treating the Alleged Sexual Assault Patient.

Los Angeles County Dept. of Health Services, Los Angeles, Calif. and Hospital Council of Southern California, Los Angeles.
Los Angeles, Calif., the Department, 35 p., 1976.

The areas covered include the roles of community resources, organization and training of the emergency department staff, and the handling of the patient before he or she is seen by a physician. Also considered are suggested medical examination and treatment procedures including the collection of potential evidence, crisis intervention social services and follow-up counseling, interview procedures for law enforcement personnel, and patient handling at discharge. Appended materials include a specialized glossary of terms, sample criteria for the examination and treatment of sexual assault victims, a sample emergency department record form for sexual assault, and a one-page bibliography. (NCJRS)

111

Victims--Who Are They?

Lynch, C. C.

Paper presented to the National Association of Social Workers, Dade County (Fla) Chapter, February 28, 1977, 39 p., 1977.

Available from: NCJRS; Accession No. 045950.

The characteristics and needs of victims of sexual assault, wife beating, child abuse, and other violent crimes are discussed, with reference to data on clients of Dade County, Fla., victim assistance programs. The discussion, which is directed to social workers, touches on the demographic and socioeconomic characteristics of victims of sexual assault, motivation in sexual assault and other violent crimes, victim-offender relationships, and the impact of violent or personal crime on the life of the victim. Parallels are drawn between the problems encountered by victims of sexual assault and those experienced by victims of spouse abuse. The experience of the sexual assault or spouse abuse victim is contrasted with that of the victim of a mugging, robbery, or other violent crime. Characteristics of victimization--suddenness, arbitrariness, umpredictability, fear of death or mutilation--are discussed. Reactions to the stress of victimization, including disruption of normal patterns, regression, and willingness to accept advice, are noted. A hierarchy of the victim's physical and emotional needs is outlined, with a view to the role of the social worker. A 3-page "fact sheet" on battered women is appended. (NCJRS)

112

Aftermath of Rape.

McCahill, T. W.; Meyer, L. C.; and Fischman, A. M.

Lexington, Mass., Lexington Books, 278 p., 1979.

This book is based on the Philadelphia sexual assault survey of 1,401 women of all ages who reported a rape or sexual assault to Philadelphia authorities between April 1, 1973, and June 30, 1974. Attempted and statutory rape cases were included in this study designed for rape victims and their counselors, including social workers, rape crisis center staff, and psychiatrists. Female social workers conducted initial and followup interviews with 790 women, and psychiatrists conducted interviews with 331 women or 41.9 percent of the sample. Other data were drawn from police files, eyewitness accounts of 25 rape cases, and a comparison of the study's findings with those of national studies and other research in the area of sexual assault. Among the findings were that age, marriage, employment, victim history, and kind of rape affected postrape adjustment; that police support was influenced by the presence of a policewoman, victim-offender relationship, victim history and appearance, and race; and that case outcome was related to victim history, race of judge and victim, kind of trial and rape, and the type of reporting. Postrape adjustment patterns in eating, sleeping, and social behavior are described as well as the impact of rape on the victim's home life and marital relationship. The criminal justice response to rape is reviewed, and the survey's major findings are reiterated. Chapter notes and 39 tables are attached. (NCJRS)

113

Rape Crisis Intervention Handbook—A Guide for Victim Care.

McCombie, S. L., ed.

New York, Plenum, 250 p., 1980.

This book provides an overview of crisis theory and a psychodynamic perspective on rape trauma; treatment guidelines are discussed and illustrated with case examples. This interdisciplinary handbook is intended to be a comprehensive resource for those involved in providing crisis intervention to rape victims. Detailed guidelines are provided for the nursing, medical, counseling, police, and legal services involved in comprehensive crisis intervention. Rape laws are explained, and court preparation for victims and witnesses is outlined. Of particular relevance to counselors is the overview of crisis theory and the psychodynamic perspective on rape trauma. Individual chapters explain the cultural factors that perpetuate violence toward women and explore common misconceptions about victims, offenders, and assaults. Special consideration is given to the child victimized by sexual abuse and to the unique problems of men who work with rape victims. Appendixes include guidelines for the nursing care of rape victims in the emergency unit and for the medical care of rape victims, permission for release of material evidence to the police, third-party rape report, information for patients coping with sexual assault, a rape questionnaire, facts and suggestions about what to do if raped, and safety precautions to avoid assault. Chapters include references, and a subject index is provided. (NCJRS)

114

Model for Police Assistance to Rape Victims.

Merchant, J. J.

Journal of Police Science and Administration 7(1):45-52, March 1979.

A model for police assistance to rape victims is proposed, emphasizing a supportive approach for victims. This approach should lead to increased solutions to rape crimes. The literature shows that rape goes largely unreported, that victims are usually brutalized by insensitive agents of the criminal justice system, and that women are turning more and more to alternatives to seeking prosecution of and treatment for rape. The model proposed acknowledges the police responsibility for the victim's avoidance of the criminal justice system in rape cases. It requires that police be trained to rethink their attitudes about rape, rapists, and victims. Police must be taught to realize that their approach to rape victims might be influenced by old societal myths--that the woman provoked the crime, that the offender is sexually unfulfilled and acted on impulse, that the victim can resist a rape--and develop new attitudes toward the crime. Police should be trained to give verbal aid to the victims, deal with verbal abuse that might be directed at them by a traumatized victim, interpret and react to nonverbal messages when first encountering the victim, and be skillful in using nonverbal supportive gestures. In interviewing the victim, officers need to avoid verbal abuse in all circumstances, focus on the violence of the crime rather than on the sexual aspects, and inform the victim of necessary medical and legal procedures. In all cases, the officer must assure the victim that the crime was not her fault. The positive, supportive approach can be learned through training and will enhance the possibility of catching the rapist since a woman will be more likely to report the crime, divulge information, and testify in court. (NCJRS)

115
Rapist and Victim.
Nadelson, C. C.
New England Journal of Medicine 297(14):784-785, October 6, 1977.

Certain characteristics are typical of rapists and their victims. Rapists tend to have a high rate of sexual dysfunction during the rape, indicating that it is a pseudosexual act motivated not by sexual impulse, but by uncontrolled hostilities, a sense of inadequacy, or a wish for power. Misinterpretation of rape as a purely sexual act has led to the view that the victim, by prompting the sexual response of the rapist, bears as much responsibility for the crime as the offender. Since most rapists are not apprehended and most apprehended rapists are not convicted, these observations may not be representative. Low conviction rates at rape trials have contributed to the low reporting rate for rape; it has been estimated that 50 to 90 percent of rapes are never reported. Rape often disrupts personal relations within the victim's social support system. Family members and friends who avoid discussing the rape experience with the victim often exacerbate the latter's psychological trauma. Complex reactions may occur when there are preexisting psychological problems, major physical disability resulting from the attack, or coincident crises involving the victim's family, social network, or academic or work status. Thus, in addition to attending to the victim's immediate medical needs, clinicians should assess the victim's resources for coping with the psychic trauma and prepare to mobilize necessary support services. 10 references.

116
Emotional Repercussions of Rape.
Nadelson, C. C. and Notman, M. T.
Medical Aspects of Human Sexuality 11(3):16, 19, 23, 27, 31, March 1977.

Professionals and others dealing with rape victims should understand the emotional reactions of rape victims, stages of rape trauma, effect of the victim's age and marital status on the response, and long-term consequences of rape. Almost all victims experience a disruption in normal adaptive patterns, regression to a more dependent and helpless position, and increased emotional susceptibility. The response to rape usually begins with an acute reaction characterized by distress, emotional breakdown, and guilt. The acute stage can manifest itself by either emotional outbursts or a veneer of emotional control resulting from denial and reaction formation. Several days or weeks after the rape, the victim appears to have resolved the trauma, but is actually simply denying and suppressing the impact of the rape. Periods of depression, anger, and guilt follow. Distinct responses are characteristic of 17- to 24-year-old single women, divorced or separated women, women with children, and middle-aged women. Long-term consequences of rape include mistrust of men, a variety of sexual dysfunctions, persistent phobic reactions, anxiety and depression, and persistent anxiety and avoidance of gynecological examinations or procedures. 8 references.

117
Psychological Responses to Rape.
Nadelson, C. C. and Notman, M. T.
Psychiatric Opinion 14(4):13-15, 18, July-August 1977.

An overview of the short- and long-term psychological responses of rape victims and their male partners to rape provides a background for development of an approach to counseling victims. The victim's response to rape may include conscious expression of unconscious aggressive or masochistic wishes, concerns about one's capacity to function independently, and fear of gynecological examination. Observers and researchers have determined that young and single women, divorced or separated women, women with children, and middle-aged women react differently to rape. Single women between 17 and 24 years old frequently know their assailant and often reproach themselves for not being able to assess the situation and prevent the rape. A sense of vulnerability many affect future relationships with men, particularly if their first sexual experience is rape. The divorced or separated women is more likely to be blamed and not believed because of her sexual experience. In addition to questioning her independence, she may question her ability to care for and protect her children. Middle-aged women are often in a period of critical reassessment of their (1) future goals, (2) changing relationships with their husbands and departed family members, and (3) sexual identity. The overwhelming nature of rape at this point is very damaging. Rape is best viewed as a stressful situation in which a traumatic external event disrupts the balance between ego adaption and the environment. Initial reactions range from uncontrolled hysteria to a sense of calm underlain by denial and reaction formation. Initial feelings of anger are suppressed due to feelings of guilt and weakness and social norms against expression of anger by women. Feelings of fear, anxiety, and guilt are displaced when anger expresses itself in nightmares, explosive outbursts, and displacement of anger. Overprotective urges or withdrawal are typical of the responses of male partners of victims. Long-term responses of women include mistrust of men, phobic reactions, sexual dysfunctions, and anxiety and depression. Counselors should examine victims' backgrounds, current life situations, and social support systems. 9 references.

118

Rape Victim.

Nass, D. R., ed.

Dubuque, Iowa, Kendall Hunt (Topics in Human Behavior Series), 188 p., 1977.

Problems faced by rape victims and therapeutic responses to the rape trauma are discussed in a collection of 14 articles. The writings reflect the idea that the psychological pain experienced by the rape victim arises not only from the event itself, but also from societal factors that tend to exacerbate the victim's suffering. This view suggests a need for two kinds of supportive services: counseling to the victim to help her overcome her sense of unresolved guilt; and education directed at modifying the attitudes of the public. Part I articles discuss such problems as the response of the general public to disclosures involving illicit sex acts; the skepticism of law enforcement, health care, and court personnel concerning the rape victim's innocence; and the corroboration demanded for conviction of a defendant in a rape case. Part II articles concern the assessment of the rape situation and the medical and psychological services required by rape victims. Lists of references accompany the individual articles. An index is provided. (NCJRS)

119

The Rape Victim: Psychodynamic Considerations.

Notman, M. T. and Nadelson, C. C.

American Journal of Psychiatry 133(4):408-413, April 1976.

A woman's response to rape is determined by her age, personality, life situation, circumstances of the rape, and the responses of those from whom she seeks support. Rape generally heightens a woman's sense of helplessness, intensifies conflicts about dependence and independence, generates self-criticism and guilt, and impedes her ability to deal with anger. Since it is an interaction between an extreme environmental stimulus and the adaptive capacity of the victim, rape is similar to other situations described in the literature on stress. Descriptions of stress reactions generally describe four stages, specifically, the anticipatory or threat phase, the impact phase, the posttraumatic or "recoil" phase, and the posttraumatic reconstruction phase. Though hysterical responses to rape are common, some victims assume a controlled response characterized by reaction-formation and denial. Important considerations in understanding the dynamics of women's responses to rape are related to affects, unconscious fantasies, and adaptive and defensive ego styles. Anger is often repressed due to memories of punishment during childhood that lead to feelings of guilt, social restrictions of expressions of anger by women, and feelings of fear due to physical weakness. Distinct response patterns have been determined for women who are young and single, divorced or separated, and middle-aged. Professional attitudes that women who have been raped provoked their assailants often exacerbate guilt feelings of victims. Counseling of victims should involve assessment of previous adjustment, involvement of significant others, and attention to specific signs and symptoms. 14 references.

120

Patterns of Rape and Approaches to Care.

Pepitone-Rockwell, F.

Journal of Family Practice 6(3):521-529, March 1978.

Family physicians and family nurses are likely to be involved in the care of rape victims and should understand the social and legal aspects of rape, victim counseling techniques, and community resources available to victims. The rape trauma syndrome includes physical, emotional, and behavioral stress reactions resulting from a life-threatening event. Legally, rape must involve a sexual act performed againt the victim's will. Victims of rape, who rarely report the assault, are affected by feelings of social isolation, guilt, and denial that lead to fear of the type of environment in which they were raped, solitude, crowds, people behind them, and sexual activity. The social isolation can also lead to suicidal tendencies. Common myths about rape suggest that victims fabricate stories about rape, do not adequately resist the assailants, provoke assailants, enjoy the experience, and use the charge of rape to retaliate against men. Professionals should encourage victims to talk about their feelings; refrain from questioning the occurrence of the rape; assume that many emotional and behavioral responses follow major crises; enlist the support of significant others in the victim's life; and provide information on police procedures, legal resources, medical facilities, victim assistance services, and supportive community groups. Community services that should be developed include crisis centers with multidisciplinary intervention teams, crisis hotlines, and community awareness and education campaigns. A protocol for dealing with sexual assault is appended. 17 references.

121
Focus on Sex Crimes.
Polk County Rape-Sexual Assault Care Center, Des Moines, Iowa.
Des Moines, the Center, 77 p., 1977.
Available from: NCJRS; Accession No. 040278.

Intended to serve as a guide for police, prosecutors, medical personnel, and counselors, this manual provides specific guidelines on sex crime investigation and prosecution, and methods of dealing with the victim. This manual was written by the Polk County Rape-Sexual Assault Care Center to aid in lessening the trauma of prosecution of sex crimes. Guidelines on police investigation are first provided. Information on the types of evidence to be collected, handling the victim, and obtaining the victim's statement is presented. Duties of the dispatcher, patrol officer, and police detective are listed, and a checklist of evidence for sex crime cases is included. Guidelines on the type of charge to be filed are also provided. Reprints of three articles dealing with methods of interviewing the sex crime victim are included as well. Guidelines for prosecutors are provided for all phases of the trial process, from pretrial preparations, physical evidence, and applicable laws, to opening statements, witnesses, and closing arguments. For medical personnel, techniques and guidelines are given on helping and counseling the victim, evidence collection, treatment considerations, and medical testimony. The final section, intended for counseling personnel, discusses the role of the counselor, the feelings of the rape victim, and counseling of specific types of victims. (NCJRS)

122
Guide for Victims of Sexual Assault.
Queen's Bench Foundation, San Francisco, Calif.
San Francisco, the Foundation, 37 p., 1976.
Available from: NCJRS; Accession No. 040467.

This booklet was prepared to assist rape victims in the San Francisco area in obtaining medical, legal, and counseling services. General information, procedures for obtaining aid, and the victim's rights when dealing with hospitals, police, and, if the victim makes a police complaint, the district attorney's office and the defendant are discussed. Possible emotional and physical responses to the attack are described. Methods of obtaining compensation through the State Board of Control, civil suits, and small claims court are also presented. Descriptions and addresses of Bay Area agencies which can either help victims of rape of refer them to other agencies and a glossary of terms related to prosecution of an offense are provided. (NCJRS)

123
Rape: Victimization Study--Summary, 1975.
Queen's Bench Foundation, San Francisco, Calif.
San Francisco, Calif., the Foundation, 22 p., 1975.
Available from: NCJRS; Accession No. 046315.

A study was undertaken to examine the psychological impact of rape, victim treatment needs, community services available, and factors affecting rape report decisions of victims in San Francisco, Calif. Several research techniques were utilized to study the major areas of concern. These included interviews, questionnaires, program evaluations, and statistical analyses. Data sources included rape victims, mental health professionals, police, hospital and community services staff, attorneys, judges, and jurors. Interviews with 80 female rape victims 8 to 55 years old revealed that 80 percent of the victims experienced fear for their bodies and lives during the attack. The remaining 20 percent reported outrage, anger or detachment. Following the attack most victims went through a coping stage which involved denial, repression, displacement, and anger. Persistent fear was reported by 39 percent of the victims, and 35 percent reported continuing disturbance in sexual or interpersonal relationships.

Social pressures and other variables affecting the impact of rape are reviewed. Mental health professionals viewed rape as a traumatic, life-threatening and psyche-threatening experience, which has definite short-term effects on mental health, and many possible long-term effects. The need for responsive, sympathetic crisis intervention and followup services for rape victims was emphasized. Evaluation of central emergency hospital's handling of rape victims revealed that hospital staff were often unsympathetic, that rape victims who failed to file a police report were refused medical treatment, that the facilities were ill-equipped, that records were incomplete, and that the evaluation protocol for rape was careless and insensitive. Evaluation of the police department also revealed inadequate facilities and equipment and a lack of reporting coordination. Sex crime detail inspectors were praised and found sympathetic by rape victims, but patrol officers were generally found unsympathetic and inadequately trained. Efforts have been made by the department to improve training. A number of complex problems pertaining to the handling of rape victims were found in the district attorney's office. Defense attorney's attitudes toward victims raped by someone known to them was that they represented an emotional problem, rather than a legal problem, for which counseling was indicated. Attitudes of judges and jurors toward rape victims were generally positive and appeared unbiased. California law pertaining to rape and recent legislative reforms are reviewed. Recommendations for further legal reform are made. Community medical, mental health, social services, and legal services were found to be inadequate and often unresponsive to victims' needs. San Francisco Women Against Rape is the only agency providing services exclusively for rape victims. Victim compensation statistics pertaining to rape victims are summarized. The study indicated a need for broad public education regarding the problem of rape. Queen's Bench Foundation, initiator of the study, has engaged in a number of advocacy and public information and education activities. An appendix presents additional data on the impact of rape on victims. (NCJRS)

124

Rape Within the Hispanic Family Unit.
Quinones-Sierra, S.
10 p., March 1980.
Available from: ERIC; Order No. ED-192 973.

Because problems such as rape are often viewed as personal concerns of "la familia" there is great tendency on the part of Hispanics to accept this crime as something that must be resolved without intervention from the police, the hospitals or the courts. Seldom will much needed therapy and auxiliary type services be sought due to the extreme sense of embarrassment that such an act has caused the entire family. Historically and even today, Hispanic families seem to have responded to this threat by keeping female members close to the home or with an official escort. Thus, the Hispanic woman is taught to see the world as threatening and to maintain a cautious attitude. Reactions of Hispanic rape victims are consistent with their cultural and religious heritage and their own personal belief systems. If women are to fully combat this social cancer then they must do so with understanding, determination, vigor and unrestrained perseverance. Hispanic intensity must be seen in the eyes and felt in the hearts of every Hispanic "mujer" who feels for her sisters who have been rape victims. Women can help themselves and the time for action is now. (ERIC)

125

Rape Crisis Center Training Manual.
Resnick, J. L.; Hill, C. E.; and Dutcher, L.
Washington, D.C., American Psychological Association, 47 p., 1976.

This training manual provides specific guidelines and exercises designed for training paraprofessional workers who answer rape-crisis telephone hotlines. Communication skills, the process of crisis resolution, and the specific body of knowledge relevant to rape victims are integrated in the training program. The training manual is meant to serve as a guideline for group leaders and as a workbook for trainees. A suggested reading list and a rape-crisis resource list are included. The format of the program is a brief but intensive training course, made up of seven modules. Through these modules the trainees can explore their feelings about rape, learn speaking and listening skills, investigate the crisis process, learn to intervene in crisis, integrate information giving and listening skills, and examine special issues. (NCJRS)

126

Sexual Assault Among Hospital Personnel.
Rinear, C. E. and Rinear, E. E.
Victimology 4(1):140-150, 1979.

This study characterized the experience of being victimized by reported or unreported, and completed or uncompleted, sexual assault among urban female hospital personnel. A total of 6,807 women, employees of 8 different hospitals, were surveyed by means of a standardized questionnaire, and their responses were studied to determine their characteristics and that of the social environment that related to the sexual assault. A total of 2,329 women completed the survey. Each reported the following background information with respect to sexual assault: risk exposure, anxiety or apathy, anticipated aggressive or passive reactions to assault, and anticipated reporting behavior. Subjects experiencing either reported or unreported sexual assault at any time also completed a section labeled the "Sexual Assault Inventory" which sought to ascertain the prevalence of a wide variety of background and situational factors which predispose toward sexual assault and reporting the event. Patterns of emotional reaction to this experience were also examined. Findings indicate that victimization by sexual assault among female hospital personnel was not infrequent; a number of victims had been assaulted more than once. Moreover, the majority of sexual assaults were not reported to the police. Attitudes toward and anticipated reactive behavior in response to sexual assault were related to certain background variables, current risk of exposure to sexual assault, and previous victimization experience. The majority of victims' assailants were not apprehended by the police. Although many women expressed intentions of resisting assault, few were trained in self-defense or carried a weapon. Effective forms of resistance to an attacker were struggling and running. Tabular data and six references are included.

127

A Technique for Training Paraprofessionals in Rape Crisis Counseling Procedures.

Roberts, W. K. and Hart, B. K.

Washington, D.C., American Psychological Association, 45 p., 1976.

A four-session training workshop was conducted by Columbia College for paraprofessionals who are or plan to be engaged in rape-crisis intervention counseling. Medical aspects and treatment of rape victims were discussed along with police procedures and reports required for subsequent legal action. Workshop participants were instructed in selected counseling procedures and were allowed to practice developing their own techniques during group interaction. The workshop concluded with a session that encouraged participants to focus on their own attitudes and values concerning rape. No significant attitude modifications were observed to have changed as an immediate measurable product of workshop attendance. Participants, in general, responded to survey items in a manner similar to the philosophy on rape expressed by the National Organization for Women. (ERIC)

128

Forcible Rape: Institutionalized Sexism in the Criminal Justice System.

Robin, G. D.

Crime and Delinquency 23(2):136-153, April 1977.

The manner in which the criminal justice system has dealt with victims of forcible rape and the rapist are explored with emphasis on the positive changes that are occurring. In the violent crime category, rape is thought to be the most infrequently reported crime. According to the Uniform Crime Reports, 56,000 women were raped in 1975. However, victimization surveys indicated that the occurrence of rapes was almost four times the number reported to police. Even when the rape is reported and the rapist is brought to trial, the outcome is frequently acquittal of a clearly guilty assailant. In order for the rapist to be convicted, corroboration is required. This included confirmation that the act occurred; that the defendant is in fact the rapist, that "penetration" actually took place and that the woman forcibly resisted and did not give her consent. The victim's character and reputation are often considered along with the issue of consent. Such stringent corroboration is intended to discourage false claims of rape which could result in severe social or legal punishment. Various states interpret these requirements in different ways, and such corroboration usually takes precedence over the embarrassment and humiliation of the victim. Some theorists believe that police brutalization is responsible for the failure of women to report rapes. The processing of rape victims in a male-dominated criminal justice system has often resulted in overt sexism and trauma which some women have felt is worse than forcible rape itself, but gradually the system is becoming more sensitive. Approaches designed to encourage greater reporting of the crime have been suggested. Special sensitivity training for police and prosecutors would help. Rape crisis centers are perhaps the most effective way for the criminal justice system to insure that rape victims are treated humanely. These centers may be especially useful to the victim after the rapist's conviction or acquittal when the criminal justice system no longer is interested in the victim. The use of policewomen to conduct the initial interrogation and followup investigation has encouraged women to report rapes. Some States are introducing legislation to limit defense introduction of a victim's prior sexual behavior. Work also is being done on a model penal code which would divide "gross sexual imposition" into four degrees so that juries would not have to convict or acquit someone on a single-category rape. (NCJRS)

129

Injuries Incurred During Rape.

Rosenfeld, D. L.; Garcia, C.-R.; and Shippen, W., Jr.

Medical Aspects of Human Sexuality 10(3):77-78, March 1976.

The physician who cares for rape victims should not only satisfy legal requirements, but also should be sensitive to the patient's medical and psychological needs. In treating the victim, the physician should examine the patient for traumatic injury and note all marks or signs of injury, take a careful history of the rape, assess the patient's emotional or mental state for evidence of intoxication, perform a careful pelvic examination, rinse the vagina in a saline solution and assess the solution for acid phosphatase, examine the cervical mucus for sperm, assess the patient for venereal disease and administer necessary prophylaxis, and obtain a careful record of the patient's menstrual, pregnancy, and contraceptive history. The patient should be given diethylstilbestrol (to induce abortion) twice daily for 5 days, unless there is an indication that the patient was pregnant prior to the rape. Gynecologic trauma incurred during sexual assault is in most cases minor and does not require medical therapy. Occasionally, however, more severe vaginal trauma, usually consisting of vaginal lacerations, require treatment. Trauma to the bladder and rectum has also been noted. The physician should explain the reasons for the various procedures and observe the patient for short- and long-term psychological symptoms, including a temporary or permanent aversion to sex, acute or chronic anxiety, or paranoia. If no female physician is available, a female volunteer sensitive to the problem should be present.

130

Ethnicity and Rape Impact: The Responses of Women From Different Ethnic Backgrounds to Rape and to Rape Crisis Treatment Services in Hawaii.

Ruch, L. O. and Chandler, S. M.
Social Process in Hawaii 27:52-67, 1979.

Research was conducted comparing women from distinct ethnic backgrounds in Hawaii--Caucasian, Asian, and Hawaiian--who were the victims of sexual assaults to determine if women from different racial groups suffer different types and levels of rape impact, and if they ask for or receive differential medical or legal treatment. Data were collected by interviewing 182 of the 212 women treated at Honolulu's rape crisis treatment center over a 14-month period. About one-half of the women returned for followup counseling and medical services. Women were interviewed shortly after the assaults, about 2 weeks after the assaults, and whenever they contacted the center during the following year. The type of rape impact was measured by asking the victims how they were feeling and if they had any concerns or worries at the time; answers were categorized into broad categories, such as anger toward the assailant, fear for personal safety, anxiety toward the judicial process, etc. Level of rape impact was determined by interviewing the crisis center workers about the emotional states of the victims; the states of the victims were evaluated through behavioral, emotional, and cognitive criteria, and measured on a six-point scale. Most of the women reported that they felt fear during the assault (71 percent of them), while 38 percent of them also experienced a feeling of helplessness, and 31 percent felt anger toward the assailant. Helplessness was recalled most often by Asian and Hawaiian women. Asian and Hawaiian women were characterized as more emotionally traumatized by the assaults than were Caucasian women, but the level of trauma experienced by Asian and Hawaiian women decreased much more noticeably than for Caucasian women after a 2-week period. Crisis center services were used mainly by Caucasian women (70 percent), and by equal percentages of Asian and Hawaiian women (10 percent); followup services were used in the same percentages as initial visits, suggesting there is not a differential utilization of followup services by women of different races. Followup services concentrated on the social-psychological rather than physical consequences of rape. Caucasians were more likely than Asian and Hawaiian women to return for followup medical examinations and to be referred to other social agencies in the community. These results indicate that women from different racial groups differ in their problems and trauma stemming from rape, and in their treatment needs. Rape crisis treatment centers in multi-ethnic communities should be sensitive to the differences among the women they serve and offer an array of services suited to the ethnic mixes in their communities. Data tables and footnotes are included. (NCJRS)

131

How to Handle the Rape Victim.

Schiff, A. F.
Southern Medical Journal 71(5):505-515, May 1978.

Procedures to follow in examining and treating rape victims and for collecting testimonial evidence when the assailant is apprehended and the crime becomes a legal case are described. With the increase in the incidence of rape, it is imperative that physicians acquaint themselves with the care and treatment of rape victims. Physicians must offer comprehensive care, including physical examinations, collection and preservation of laboratory specimens, treatment of injuries, treatment of psychological trauma, prevention of disease, and prevention of pregnancy. There are general and specific physical examinations. General examinations involve the body as a whole, exclusive of genital or anal areas. Examiners search for obvious signs of trauma or violence, such as abrasions, bruises, contusions, lacerations, scratches, bites, rope imprints, stains or any other marks which could be attributed to the rape incident. Specific examinations concentrate on the particular organ involved and the extent of injury is determined and described. In children and teenagers, it is important to determine if the hymen is present, intact, and uninjured; recently ruptured or injured; or absent. A search must be made for any foreign material. The final report of specific examinations is predicated on the assumption that the assailant was not impotent, did not withdraw before orgasm, had not had a vasectomy, and did not wear a condom. The treatment of rape victims proceeds according to four major goals: (1) repair of injuries, (2) treatment of psychological trauma, (3) prevention of disease, and (4) prevention of pregnancy. References are cited. (NCJRS)

132

Medical Management of the Rape Victim.
Seltzer, V.
Journal of the American Medical Women's Association 32(4):141, 143-144, April 1977.

Since increasing numbers of rape victims are turning to the medical profession for assistance in recovering from the assault, physicians and emergency room staff should develop relevant therapeutic skills. An effective intervention protocol would provide for a quiet area for interviews with victims and means of obtaining an accurate history of the assault via open-ended questions and the consent of the patient to gynecological and physical examination. All procedures should be explained to the patient. The patient should not bathe prior to the examination; if she has bathed, a notation concerning this fact should be recorded. Specimens should be collected from all areas of penetration. Antibiotic therapy should be provided for patients who have been exposed to venereal disease, and tetanus shots should be provided to lacerated victims who have not been recently innoculated. The use of diethylstilbestrol (to induce abortion) is almost never warranted. Victims should be referred to psychologists, psychiatrists, or social workers for counseling and to any other community resources available to rape victims. 8 references.

133

Rape Counseling: A Model for Sensitizing and Training Helpers.
Silver, S. M. and Stonestreet, S. D.
Personnel and Guidance Journal 56(5):283-287, January 1978.

A woman who is raped needs factual information concerning hospital and legal procedures and an emotional support system to help her focus feelings into productive channels. This article describes a training and outreach program combining rape simulation, film, lecture, and experiential discussion to stimulate thought, action, and increased awareness. (ERIC)

134

Sharing the Crisis of Rape: Counseling the Mates and Families of the Victims.
Silverman, D. C.
American Journal of Orthopsychiatry 48(1):166-173, January 1978.

Common patterns of reaction among the husbands, male friends, and families of rape victims are discussed, and suggestions are offered to assist rape crisis counselors in dealing with these reactions. Male mates and family members often find it difficult to respond to female rape victims in an empathic, supportive manner for a variety of cognitive and emotional reasons. Persons close to the female rape victim may be subject to the same misunderstandings and prejudices concerning rape that are characteristic of the general public. A common tendency is to react more to the sexual aspect of the rape than to its violent aspects. There may be feelings of resentment and anger toward the victim, although these feelings may be manifested indirectly. These and other responses may reinforce the victim's sense of humiliation and devaluation. Parents and siblings of rape victims may experience a sense of shock, helplessness, rage, or physical revulsion that parallels the responses of the victim herself. The involvement of mates and family members in counseling interventions designed to help rape victims is critical. There are four ways in which counselors can promote involvement: (1) by encouraging open expression by mates and family members of their responses to the crisis; (2) by facilitating cognitive understanding of what the rape experience actually represents to the victim; (3) by educating the people close to the victim about the nature of her crisis, thereby helping them to anticipate future psychological and somatic problems; and (4) by providing direct counseling services to individual family members whose personal responses are so profound as to affect their ability to cope adaptively. A list of references is included. (NCJRS)

135

Catholic Virtue and Female Sexuality: Additional Trauma for Sexual Assault Victims.
Vraney, M. W.
Counseling and Values 25(3):169-177, April 1981.

Studied how Catholic women who have experienced sexual assault not only have to deal with society's negative reactions but an additional guilt instilled by religious education. Proposes that religious values have traditionally ignored male responsibility. Suggests counselors may find bibliotherapy an effective intervention tool in these cases. (ERIC)

136

Psychology and Violence Against Women: Psychotherapy Issues.
Walker, L. E.
Paper presented at the American Psychological Association Division 29, Psychotherapy, Midwinter Conference, Mexico City, March 1979, 7 p., 1979.
Available from: NCJRS; Accession No. 059573.

Current psychotherapy theories and practices are examined and found to have sexist biases which interfere with adequate treatment of battered women, especially rape and incest victims. Therapies considered include (1) psychoanalytical, dynamic, insight-oriented therapies and ego psychology; (2) humanistically-oriented therapies including client centered, existentialism, Gestalt, and other experientially based therapies; and (3) social learning and behavior therapies. The first group of therapies is criticized for (1) creating assumptions that support the victim precipitation proposition, (2) for thereby becoming a second form of violence against these women, and (3) for using male centered terms to describe women's behavior and feelings. A Denver, Colo., based therapy program's finding that 35 percent of their clients experience wife beating and incest is cited to support the assertion that the two problems overlap in families and that victims, both mother and daughter, are often too terrified to act. It is recommended that analytically based words (frigid, castrating, etc.) be removed from therapists' vocabularies and that victims not be blamed. The second group of therapies is criticized for (1) subtly blaming the victim, (2) trying to change the victim, and (3) encouraging women to feel compassion for their attacker, thereby preventing necessary expression of pain and rage. Use of therapy to advocate elimination of inequality between the sexes is recommended. The third group of therapies is also criticized for its sexist biases, which, although less readily apparent than in the other groups of theories, can reduce motivation for change as well as options for changes, and can produce cognitive distortions and emotional distress in the women treated. However, psychotherapy, despite its sexist bias, can be a useful treatment for battered women. Recommendations include development of (1) feminist therapy philosophy; (2) use of women therapists; (3) understanding and careful releasing of powerful feelings, and regaining feelings of bodily control and self worth by the battered woman; and (4) personal work by women victims of violence, individually or through political or community organizations, toward a just and fair society. References and charts are not included. (NCJRS)

137

Rape and Sexual Assault--Management and Intervention.

Warner, C. G.
Rockville, Md., Aspen Systems, 366 p., 1980.

This book presents a comprehensive and contemporary view of rape and sexual assault and reveals social science and biological research that provide a framework for innovative methods of assistance to victims. Following a historical perspective on rape and rape laws is a series of chapters highlighting different types of rape and sexual assault victims. Individual chapters are devoted to the special traumas and needs of raped female children, older women, and males, in addition to the demographics and statistics of sexual victimology. Society and the victim's family are dealt with in terms of responses to an act of rape and the resulting disruption of relationships. Intervention measures are outlined in chapters devoted to the specific helping professions, including police reporting procedures and investigation behavior and attitudes, emergency medical assessment and assistance, victim advocates' involvement, and social work in aftercare programs. Much of the emphasis is on preventive measures; thus, community education is deemed a vital aspect of responsibilities carried by social workers, counselors, school nurses, and other professionals. Incest, a unique form of sexual abuse, is discussed in terms of the psychosocial dynamics of this phenomenon and identification and therapeutic intervention techniques. Further, case initiation, preparation, and trial procedures are delineated, and the special problem areas for sexual assault cases are identified. Finally, detailed guidelines for planning an integrated community strategy to combat rape are offered through a working model of one city's efforts to improve intervention and management services rendered to victims of rape and sexual assault. Illustrations, tables, chapter notes with references, and graphs are supplied. (NCJRS)

138

Counseling Rape Victims.

Watts, D. L.
Paper presented at the Annual Meeting of the American Personnel and Guidance Association (Chicago, Illinois, April 11-14, 1976), 14 p., 1978.
Available from: ERIC; Order No. ED-159 515.

The psychological treatment of rape victims is complicated due to the nature of the crime; the trauma which may occur in four main areas of the victim's life (social, emotional, physical and sexual); community agency involvement and treatment, if any; and the societal attitude that places the blame on the victim. Therapists, in treating rape victims, must have an awareness of possible ramifications and must be prepared to deal with them in the counseling relationship. This paper focuses on the many aspects that therapists must consider in treating a sexual assault victim and describes common therapeutic issues and strategies that can be employed. Special circumstances such as a client in ongoing therapy who discloses a rape that had previously not been acknowleged is addressed. These aspects are illustrated with case material. (ERIC)

139

The Rape Victim and Her Social Support System.

Webb, C.
Paper presented at the Annual Convention of the Ameri-

can Psychological Association (88th, Montreal, Quebec, Canada, September 1-5, 1980), 23 p., 1980.
Available from: ERIC; Order No. ED-199 582.

Few counseling services are available to or utilized by rape victims, which implies that many women turn, instead, to their social networks for support. Research literature suggests that anxiety is reduced and coping skills are enhanced when a victim uses her interpersonal social network for support. Unfortunately, many women have the same attitudes toward rape that are held by society, i.e., that rape is precipitated by the victim, and they are hesitant to tell persons in their social networks about their assault. Data from a rape crisis center revealed that most victims planned to tell at least one other person about the rape incident and that a significant relationship existed between plans to tell others and subsequent success in followup counseling. The results suggest that the family has a significant impact on rape victims; family members are most often turned to for support, yet are the most difficult individuals with whom to discuss the rape. For most women, the crisis intervention contact is the only contact she will experience with a trained counselor. It is important that the counselor, in addition to offering professional counseling, encourage the victim to use her social network for support. The new emphasis on the social support system of the victim can help the woman in her recovery process. (ERIC)

140
Counseling Sexual Assault Victims: A Loss Model.
Whiston, S. K.
Personnel and Guidance Journal 59(6):363-366, February 1981.

A personal loss model for treating rape victims provides a means of dealing with rape through the stages of grief and mourning. Each rape victim experiences a loss of her unique perspective of self-identity. Myths suggesting that women who are raped wish to be attacked promote guilt and self-blame in the victims and encourage rejection from significant others. The effects on the victim are heightened by the loss of security, sense of control, and sense of sexual identity. These losses provide time, perspective, and obscurity for the rape victim. Although the meaning of each loss is unique to each victim, each victim should recognize the losses and the particular meaning of the losses to her. The personal loss model proceeds from identification of losses in breaking through the veneer of normalcy that immediately follows the assault, through exploration of options that would restore the victim's sense of security and examination of the social isolation and sense of guilt and loss of sexual identity and self-identity resulting from rape, to integration of the victim's experience and sexual and self-identity. The overall result is a sense of growth in the victim.

141
Rape: A Family Crisis.
White, P. N. and Rollins, J. C.
Family Relations 30(1):103-109, January 1981.

Rape is a crisis shared by the victim and her family. The family's reaction is influenced by cultural views such as viewing rape as sex rather than violence. Adaptive responses can be supported by open expression, education, and family, as well as individual counseling. (ERIC)

142
Systematic Desensitization and Negative Practice to Alter the Aftereffects of a Rape Attempt.
Wolff, R.
Journal of Behavior Therapy and Experimental Psychiatry 8(4):423-425, December 1977.

A case study of a 20-year-old woman who, 7 years earlier, was the victim of a rape attempt demonstrates the value of systematic desensitization and negative practice for treating subjects who are afraid of being alone at night and who compulsively search their apartments for rapists. The woman was unable to discuss her feelings about the rape when she consulted a psychiatrist shortly after the rape had occurred. Subsequently, she formed a strong dislike for men, but gradually began dating; policemen were her preferred dating partners. The systematic desensitization process involved weekly training in deep muscle relaxation and reviews of records that the client kept on hours slept each night. Routine desensitization proceeded with a hierarchy of threatening situations extending from being alone in the apartment through hearing strange noises in the apartment to being awakened by an obscene telephone caller who threatened to rape the client. By the end of the fourth week the patient's insomnia was gone; the hierarchy was completed at the end of the seventh week. Negative practice, involving repetition of the compulsive behavior far more often than was desired by the woman, proved effective in eliminating the compulsive behavior. Followups at 6, 12, and 24 months after treatment indicated no relapse. 7 references.

143
Sexual Assault: Rape and Molestation.
Woodling, B. A.; Evans, J. R.; and Bradbury, M. D.
Clinical Obstetrics and Gynecology 20(3):509-530, September 1977.

This article discusses the complex problems physicians must face during the forensic evaluation of sexual assault victims. A basic insight into rape as a legal entity is developed and various facets of rape explored. These include the statistical incidences of sexual assault, types of assailants, characteristics and preassault patterns of victim behavior, and physical injuries and emotional trauma associated with sexual assault. The article emphasizes the interview and examination of sexual assault victims. A physician must always provide comprehensive patient care and appropriate postassault care. A complete history must be obtained and precisely recorded, an examination performed, and appropriate samples collected and dispatched for evidence. The patient's trauma must be evaluated and injuries classified as to time and probable cause. Both must be correlated with sexual assault. The record of every forensic examination can be expected to be used in a potential court case, and physicians must anticipate they will be subpoenaed to verify and justify the statements. The physician must also realize that under the discovery laws of most States, the defense attorney receives copies of all written reports, including the physician's, and may also have access to the physician's informal notes and comments. Whether rape occurred is a legal issue for the courts to decide and is not a medical diagnosis. A checklist or fill-in sheets, with space for appropriate comments, is necessary for collecting the medical history, recording the findings, and noting what specimens are collected. Sexual assault patient victims require a specialized evaluation both for their own well-being and for assistance in preparation of a possible prosecution if arrest is made. Tabular data are included and a list of references appended. (NCJRS)

COMMUNITY INTERVENTION APPROACHES

144

City-County Hospital Contract Provides Free Care for Rape Victims.

Hospitals 50(20):44-45, October 16, 1976.

A program at the Bernalillo County Medical Center in Albuquerque, New Mexico, treats 80 percent of the county's reported rape victims. The center staff and its rape contact team developed a contract with local city and county officials stipulating that each time a rape victim arrives at the hospital for medical treatment, the city or county, depending on the location of the assault, is billed $50 by the medical center. The bill covers all routine medical costs of emergency department care as well as the cost of two followup visits to the Family Practice Clinic. The service encourages victims to report assaults and offers more humane care. A special packet devised for use in the emergency department contains a patient record form, prescription form, and laboratory slips; all forms are precoded so that the victim cannot be identified. The community has been made aware of the program through a number of articles published in local newspapers, flyers, and speeches to professional and community groups. During the first 4 months of the program, the number of rape victims seen in the emergency department was 52 percent higher than the number seen in comparable months during the preceding year. Similarly, the number of victims returning for followup care has risen from 8 percent before implementation of the program to 86 percent.

145

Helping Victims of Rape.

Abarbanel, G.

Social Work 21(6):478-482, November 1976.

This paper describes the needs of the rape victim, presents guidelines for development of a hospital-based rape treatment service, and describes the major components of an established rape treatment program. It is noted that the rape victim's needs include the following: information on how to obtain medical, mental health, social, and legal services; immediate medical care; immediate follow-up counseling; skilled treatment by police and medical personnel; support from significant others; and legal assistance. Guidelines are offered for development of a program which would satisfy these needs through centralized medical and social services and easy availability. The program of the Santa Monica Hospital Medical Center is described. Among the program features considered are those of information dissemination, medical care, staff training, coordination with other agencies, community education, and program evaluation. (NCJRS)

146

Polk County (IA): Rape-Sexual Assault Care Center Exemplary Project Validation Report.

Abt Associates, Inc., Cambridge, Mass.

Cambridge, Mass., Abt Associates, 70 p., 1976.

Available from: NCJRS; Accession No. 035031.

This project provides medical and social services to rape victims, aids criminal justice personnel in the investigation and prosecution of sexual assault offenders and provides the community with rape education programs. Section 1 of this report presents a project overview, including information relative to the project's history, design, and organization, while section 2 provides a discussion of the five exemplary projects selection criteria. A summary of the projects' strengths and weaknesses is presented in section 3 and supporting data, project forms and exemplary application materials are in the appendix. The primary objective of the center is to decrease the psychological trauma for victims of sexual assaults, leading to greater rapport and cooperation with law enforcement and prosecutorial agencies and ultimately resulting in an increase in the number of convictions for rape and sexual assault offenses. The project staff consists of a project coordinator, a victim contact worker, a secretary, and a special prosecutor (available on an as needed basis). The Sexual Assault Care Center grant has shown significant progress in the areas of inter-agency coordination and cooperation, victim services provision, criminal justice processing of sexual assault cases, and organizational development and community education. While much of the project is designed to assist the sexual assault victim, the most significant progress, in relation to LEAA goals, is the 37 percent increase in reporting of rape cases and the decrease of case "dropout" from 94 percent to 63 percent. (NCJRS)

147

Seattle (WA): Rape Reduction Project; Exemplary Project Validation Report.

Abt Associates, Inc., Cambridge, Mass.
Cambridge, Mass., Abt Associates, 122 p., 1976.
Available from: NCJRS; Accession No. 040102.

Exemplary project validation report of a program which combines and coordinates two rape-oriented community service programs - the Rape Relief Project and the Sexual Assault Center. Together, these projects provide hotline and followup crisis counseling to meet initial and long-term victim needs; medical care and treatment intended to serve the victim's immediate needs and preserve the necessary evidence for successful prosecution; community and professional education and training programs; and a liaison with Seattle's law enforcement and prosecutorial agencies. The project's history, design, and organization and administration are described, and it is rated on the exemplary project selection criteria of measurability, goal achievement, efficiency, replicability, and accessibility. Project strengths and weaknesses are identified. A comparative summary of this project and the Des Moines (IA) Rape-Sexual Assault Care Center is also presented. (NCJRS)

148

Forcible Rape: A Manual for Patrol Officers; Police Volume 2.

Albi, F. J. and Schram, D. D.
Seattle, Wash., Battelle Memorial Law and Justice Study Center, 52 p., 1978.
Available from: GPO; Stock No. 027-000-00619-1.

Since the initial police contact is the most important source of evidence in a rape case, this manual has been developed to aid police officers with interviews, evidence gathering, and suspect apprehension. Most of the evidence necessary for successful prosecution of a rape case is available only at time of preliminary investigation; this puts a special burden on the patrol officer responding to the call. The most important source of information will be the interview with the victim. Techniques for evaluating the reliability of the testimony, psychological problems peculiar to rape investigations, and methods for establishing rapport are discussed. Special techniques are given for interviewing the elderly, adolescents, and children. Because nearly half of all victims are under age 20, legal problems arise with medical examinations of victims and notification of parents, especially parents of adolescents. For very young children, it is often wise to use specially trained interviewers. Rape crisis centers and hospitals can also help with interviewing by filling in missing bits of evidence. Close cooperation between police and such agencies is urged. Search techniques and methods of generating a pool of suspects are discussed, including the use of helicopters, radio, and tracking dogs. Rape brings special police problems. Because news media are usually very interested in rape cases, policies have to be developed for dealing with reporters. In addition, many community groups want police speakers on the subject. Rape cases also require unusually close cooperation with the prosecuting attorney. The patrol officer should not only follow established guidelines, he also should be encouraged to suggest ways to improve handling of rape cases. (NCJRS)

149

Rape Crisis Centers: An Arena for Ideological Conflicts.

Amir, D. and Amir, M.
Victimology 4(2):247-257, 1979.

Ideological questions of service and social critique can determine the direction of a rape crisis center, cause staff conflict, and affect treatment of the client. The ideological features of rape crisis centers as a grassroots phenomenon in the 1970's are described and analyzed in light of their community and social backgrounds. The special processes which led to different organizational characteristics and service delivery among various centers are also described. Because of lack of summarized and published data, a study on centers in the United States and Canada was conducted, with information gathered through interviews with center staff members, analysis of published information, and personal observation. The centers' characteristics and services were studied from a framework of their sources, processes of institutionalization, creation of internal structures, and development of services. The centers provide direct services to victims, public education, collective action which raises a critique on society's approach to women and rape victims. Centers combine this critique with negotiations and actions to change norms, laws, and service arrangements. The ideological argument within a particular crisis center may focus on the balance of priorities between direct service and social critique. In spite of these internal differences, the centers all developed ways to minimize the strife and execute their programs. Among the common ideologies discussed are the occurrence of rape as the outcome of a male dominated world, rape as a women's issue to be dealt with only by women, and the assumption that women must be trained in self-defense rather than rely only on the protection of men. References are included. (NCJRS)

150

Oregon--Corrections Impact Program: Field Services Project--Evaluation Report.

Baker, D. B.; Black, T. E.; Johnson, G. H.; and Hill, H. L.
Sacramento, Calif., American Justice Institute, 182 p., 1976.
Available from: NCJRS; Accession No. 038989.

Evaluation of a Portland service project that was designed to reduce the incidence of homicide, rape, robbery, aggravated assault, and burglary among parolees and probationers with records of such crimes. After a presentation of the evaluation goals, the operational procedure and environment evolving from the field services program implementation are described briefly, giving initial observations on the effectiveness of project operations. Methodological approaches covered include target population definitions, outcome criteria, measurement of client performance, data collection, and statistical or other methods used in lieu of experimental designs. The major area of concern in the report is the relation of the project's performance to the objectives outlined in the grant application. A statistical breakdown of the characteristics of clients served is provided in numerous tables, and tables indicating evaluation testing results appear in the appendix.

151

Rape Victim: Challenge to the Helping Systems.

Bard, M.
Victimology 1(2):263-271, Summer 1976.

This paper identifies common findings emerging from research studies on the rape crisis, stressing their program and policy implications for the roles played by the various helping systems. The systems identified as having integral roles to play in providing services to rape victims are health care agencies, the police, social and mental health agencies, prosecutors and courts, and women's groups. It is concluded that the traumatic effect of the act of rape upon the victim that has been established by research studies requires that relevant helping systems change both attitudes and operational procedures if the victim's suffering and psychological damage is not to be compounded. Strategies for change to effectively serve victims are outlined. References are included. (NCJRS)

152

Model for Evaluation: Design for a Rape Counseling Program.

Bennett, J. R.
Child Welfare 56(6):395-400, June 1977.

A time-series evaluation model is described as it will be applied to a rape counseling and community education program. The importance of evaluation to program administration is emphasized. The rape counseling program is a three-part program designed to assist the victim through crisis or long-term counseling, to educate police and medical personnel as well as other professionals who work with rape victims, and to educate the community about rape. All three parts of the program are interrelated; by offering education and support services, rape reports and prosecutions should increase. In addition to using the report-prosecution ratio as a final outcome measure, a number of intervening variables lend themselves to evaluation. These include better interagency cooperation, better understanding of legal and medical processes, increased awareness of the problems of victims, better treatment of rape victims, and a higher proportion of rapists prosecuted. The responsibility of the evaluation rests with the agency director who will use the evaluation in determining problem areas, reshaping the program, and in applications to the agency's funding board. The evaluation is intended primarily for use at the end of a year's operation. To evaluate final program outcome, the agency obtained report-prosecution ratios for the 5 years prior to program implementation (1970-1974). The regression of the prosecution ratio was found in order to determine the best fit or best slope through the 5 preceding years, and this figure became the expected value for the 1975 prosecution ratio. The difference between this expected value and the actual prosecution ratio can then be defined as program effect. Other variables will be measured to explain changes over the program year and to help identify additional possible causes for changes in prosecution ratios. The age, race, and income of the victim, and whether the victim knew the rapist will be used as additional input variables to determine possible changes in the type of individual who reports rapes. Subjective responses of women served by the program and victim responses to a posttreatment questionnaire will also aid in program evaluation. Figures are included. (NCJRS)

153

Wilmington (DE): Rape Aid and Coordination Program Project Evaluation.
Blindman, S. M.
Wilmington, Delaware Criminal Justice Planning Commission. 17 p., 1975.
Available from: NCJRS; Accession No. 018498.

An assessment of this project which provides a 24-hour information service to rape victims, gives psychological, medical, and legal aid to rape victims, and disseminates rape and rape prevention information to the community. This project was also intended to improve police community relations and encourage rape victims to report the crime to the police. The project volunteer recruitment, training, and accomplishments are discussed. Cooperation between the Wilmington Medical Center and the Rape Crisis Center of Wilmington (RCCW) was achieved. After an initial period of communications breakdown between the police and RCCW, positive attitude development and cooperation was initiated between the two groups. It was found that project records and data collection were inadequate, and it is recommended that these procedures be improved. In addition, the appointment of a paid coordinator to direct volunteer activities is suggested. (NCJRS)

154

Rape and Its Victims: A Report for Citizens, Health Facilities, and Criminal Justice Agencies; A Prescriptive Package.
Brodyaga, L., et al.
Washington, D.C., U.S. Law Enforcement Assistance Administration, 339 p., November 1975.
Available from: ERIC; Order No. ED-120 612.

This book is addressed to police administrators, hospital administrators, prosecutors, and citizens involved in community action who are prepared to re-examine their agencies' response to cases of rape. It provides information and analysis to spark such a review and outlines suggestions for coping with problems that commonly hinder change. The discussion is confined to forcible rape of adult women, generally defined as the carnal knowledge of a female through the use of force or threat of force by a male other than her husband. The book is divided into four sections: "The Police Response," "The Response of Medical Facilities," "The Response of Prosecutors' Offices," and the 'Response of Citizens' Action Groups." The material presented in each is based upon the findings of national surveys conducted among each of these four groups, with special emphasis placed on agencies that have begun innovative changes in their approach to cases of rape. Each section presents findings from these nationwide surveys and then suggests guidelines for others seeking ways to improve their procedures in such cases. Insights gained from monitoring rape victim projects or innovations underway in six jurisdictions are presented in Appendix V. A basic finding in these studies was that the function of police departments, hospitals, prosecutors, courts, and citizen groups are highly interdependent. (ERIC)

155

A Community Response to Rape: Polk County Rape-Sexual Assault Care Center, Des Moines, Iowa; An Exemplary Project.
Bryant, G. and Cirel, P.
Cambridge, Mass., Abt Associates, 204 p., March 1977.
Available from: GPO; Stock No. 027-000-00485-7.

In Polk County, Iowa, criminal justice agencies and concerned citizens work together to lessen the burden on the rape victim and to increase the chance of ultimate conviction and sentencing in rape and sexual assault cases. The Rape-Sexual Assault Care Center offers medical and social supportive services to victims, aids law enforcement and criminal justice personnel in the investigation and prosecution of sexual assault offenders, and educates the public and professional community about rape and sexual assault. Since the center was created, impressive improvements have been seen in police clearance rates for rape cases, in willingness of victims to press charges, and in the rate of convictions. This booklet contains chapters on Project Development and Organization, Victim Services Coordination, Criminal Justice Support, Community Education, and Results and Costs. (ERIC)

156

Rape: Guidelines for a Community Response.
Carrow, D. M.
Cambridge, Mass., Abt Associates, Inc., 285 p., 1980.
Available from: NCJRS; Accession No. 059807

Based on two information sources--LEAA-sponsored rape research and a survey of 31 rape crisis programs, this community response program model describes the components and activities comprising an effective rape response. Since the early 1970's the emergence of rape crisis centers, improved hospital treatment of rape victims, and enhanced prosecutorial filing procedures have lessened the plight and trauma of rape victims. However, an effective community response to rape requires integration and coordination of these types of services, as is discussed in this program model. Its five essential elements--victim services, rape crisis centers, criminal justice response, medical service response, and public education--are described along with implementation and operation issues, such as staffing requirements, use of volunteers, organization affiliation, referral arrangements, and procedural options. Ideally, victim services should include 24-hour hotline service with direct access to trained counselors for crisis intervention, provisions for long-term counseling, escort services, and advocacy services. Rape crisis centers can operate independently, or in affiliation with the prosecutor's office, a mental health service, medical services, police department, private agencies, or local government agencies. Working in conjunction with the rape crisis centers, the criminal justice agencies and medical services should provide adequate information and training to staff regarding the physical and psychological needs of rape victims as well as the evidentiary needs of the criminal justice system; standard procedures that reflect this awareness can be effective. Public education efforts can play a critical role in refuting common myths about the crime of rape and increasing community awareness of rape prevention techniques and victim services. Public lectures, the media, and special education projects directed at minorities are among the suggested strategies. Examples for a public education campaign are included. Major legal issues and recent law reforms are discussed. Methods for evaluating rape intervention programs are presented. The appendixes contain a list of survey respondents, the survey instrument, sample crisis center forms, sample hospital procedural guides, sample data cards, sample case record forms and other forms, as well as a summary of legislative issues and a directory of LEAA state planning agency officers. (NCJRS)

157
Rape: Guidelines for a Community Response--An Executive Summary.
Carrow, D. M.
Cambridge, Mass., Abt Associates, Inc., 26 p., 1980.
Available from: GPO; Stock No. 027-000-00967-1.

This report summarizes the components of an effective community response to rape, defines the activities and approaches which seem to be most effective, and provides guidance on issues and pitfalls. It highlights the major findings of a comprehensive National Institute of Justice-sponsored program models report on this topic. Over the decade of the 1970's, the growth of rape crisis centers has been instrumental in coordinating a community response to rape. The goals of such a response include implementing a public education program, developing victim-oriented procedures throughout the community, and improving criminal justice procedures. Information for the program model, designed to assist the effort, was drawn from research on the topic of sexual assault and an extensive telephone survey conducted in late 1978 of 31 rape crisis programs operating throughout the United States. The program model emphasizes that many communities could direct their resources toward an improved response to rape. Communities should begin with a careful needs assessment and should plan on at least the following basic services: victim services, including hotlines, crisis intervention, and third-party reporting; criminal justice services, including adequate standardized procedures for investigating and prosecuting rape cases; compassionate and effective medical services; and public education that emphasizes prevention. Legal issues that must be dealt with include the redefinition of rape, since codes in most States are too narrow in focus, elimination of the corroboration requirement, exclusion of evidence of prior sexual conduct, and restriction of cautionary instructions to the jury. The cost of providing communitywide rape intervention programs is generally low, and annual budgets of $50,000 or less are common. Though program size will affect budget totals, sizable cost reductions can be achieved if programs use volunteers, mobilize existing community and criminal justice resources, and concentrate on instituting low-cost or no-cost procedural improvement in the medical and criminal justice systems' handling of rape. (NCJRS)

158
Forcible Rape: A National Survey of the Response by Police.
Chappell, D.
Seattle, Wash., Battelle Human Affairs Research Centers, 203 p., 1975.
Available from: NCJRS; Accession No. 035957.

A survey of 208 police agencies which assembles, describes, and assesses current law enforcement practices and policies in response to the crime of forcible rape. Responses of the police agencies are broken down by the size and type of agency (municipal agencies serving more than 500,000; between 100,000 and 500,000; between 50,000 and 100,000; and between 25,000 and 50,000; county agencies with more than 95 personnel; and campus police with more than 60 personnel). The responses provide information about the agencies' general policies and specific practices in the following nine areas: classification methods, factors involved with rape, processing criteria, procedures in taking crime reports, victim services, investigative strategies, prosecutive outcomes, training methods, and innovative activities. Responses are presented in data tables with narrative explanations. (NCJRS)

159

Treatment of Rape Victims in the Metropolitan Washington Area.

Conrad, K. F.

Washington, D.C., Metropolitan Washington Council of Governments, 68 p., 1976.

Treatment of rape victims by hospitals, police, prosecutor's offices, mental health facilities, and specialized services for rape victims in the Washington, D.C., area is described, and recommendations are made. A special task force of the Metropolitan Washington Council of Governments surveyed treatment of rape victims in the District of Columbia, Prince Georges and Montgomery Counties in Maryland, and Arlington, Alexandria, and Fairfax Counties in Virginia. It found that, as a result of public campaigns mounted by concerned citizens and groups, special rape treatment procedures had been set up at D.C. General Hospital and Prince Georges County General Hospital. The other hospitals used routine emergency room procedures or sent victims to hospitals which handled rape victims. Seven rape crisis centers were identified, all operating with volunteers and limited funds. Recommendations included: (1) better data collection on rape including age of victims and circumstances; (2) adoption of a rape protocol by area hospitals; (3) training in sensitivity for those coming into contact with rape victims; (4) public education programs to make area residents aware of the problem; (5) greater coordination among metropolitan jurisdictions in training, exchange of information, and referrals of victims. At present, treatment, evidence gathering, and successful prosecution are all hampered by governmental fragmentation. (NCJRS)

160

Rural Rape Crisis Center--A Model.

Davenport, J. and Davenport, J.

Human Services in the Rural Environment 1(1):29-39, September-October 1979.

This article describes the problems and needs of sexual assault victims in rural areas, discusses how those problems negatively affect the rural justice system, outlines a model rural rape crisis center in operation in Mississippi, and offers suggestions for improving the quality of rural justice. Although rural and urban rape victims share many needs and problems, the lack of anonymity and confidentiality can be a great problem in rural areas. Pressure not to report the crime or to press charges many be exerted by family members in an effort to maintain the social fabric of the community. Problems of objectivity exist in rural courts, where victims with unchaste reputations or who live outside the community may find it difficult to prosecute or convict a local male. Another major problem is that few rural areas have the finances to support a full-time rape crisis center; the number of rapes may not justify a center's establishment. A rape crisis center, which began as part of the regional community mental health center in Mississippi, built on existing resources. In this center, skilled mental health professionals form a team comprised almost entirely of females to provide community education, to train outreach workers, to advise community health and legal personnel, and to provide specialized services to victims. Overcoming suspicion of and opposition to a new service is accomplished through a community oriented effort based on the existing consultation and education component of the regional mental health program. Nine notes and three references follow the text. (NCJRS)

161

Rape on Campus: Community Education and Services for Victims.

Estabrook, B., et al.

Journal of the American College Health Association 27(2):72-74, October 1978.

A rape task force at the University of Massachusetts (Amherst) is described with priorities including interagency coordination, a multiple entry system for victims, support for the development of a counselor-advocate program, and community education. (ERIC)

162

Community Assistance for Rape Victims.

Evans, H. I. and Sperekas, N. B.

Journal of Community Psychology 4(4):378-381, October 1976.

Psychologists for a community mental health clinic associated with Denver General Hospital in Colorado implemented a program that used trained volunteers to act as companions to rape victims during crisis interventions in the hospital's emergency room. To help the rape victim through the crisis intervention period the volunteer provides information, emotional support, and referral to followup care. Prior to program implementation, organizers met with the emergency room staff, obstetrics-gynecology department, psychiatric emergency service, and department of psychiatry. Members of the latter department, who feared that the program would undermine their relationships with the police and district attorney, were least cooperative. Volunteers, most of whom had at least bachelor's degrees, underwent five training sessions over a 6-week period. The multidisciplinary training program covered expectations of the volunteers, postrape examination procedures, police reporting procedures, courtroom processes, and crisis intervention role playing. Training also included supervised experiences in the emergency room. During the 2 years since the program began in August 1974, the program has gained the support of hospital staff (who have received inservice training from the program), the district attorney, and the public (who have attended a large network of rape prevention classes sponsored by the police). 5 references.

163

Health and Support Services for Rape Victims on Oahu (HI).

Fertel, J. H.

Hawaii Medical Journal 36(12):385-391, December 1977.

The incidence of sex abuse offenses on Oahu and characteristics of the victims, their needs, and currently available resources are discussed. The data presented were obtained from the City and County of Honolulu Police Department's statistical reports for 1972, 1973, 1974, and 1975, and from other documents provided by the department's Research and Development Division. The term "sex abuse" refers to the offenses of rape, sodomy, incest, molestation, and indecent exposure. A total of 164 rapes were reported in 1975, but it is estimated that four times as many offenses occurred, as rape is one of the most underreported crimes. The age distribution of victims is 71 percent between the ages of 15 and 26. The youngest reported victim during this period was 10 years of age and the oldest was 80 years. The major facility available for treatment of victims is the Sex Abuse Treatment Center (SATC); this is the only facility in the entire State which has specialized services aimed at meeting the needs of victims of sex abuse. A woman who has been raped may either call the SATC, the police, the suicide and crisis center, or the voluntary organization Women Against Rape. The police rape squad will conduct an investigation. If they think they have a case, the victim will be sent to the prosecutor's office and questioned. An accused rapist has the option of choosing to be tried by a jury or judge; the former is usually elected. Very few rape trials result in convictions. Of 21 men who were prosecuted for rape on Oahu in 1975, only three were convicted. Rape victims must be treated for injuries sustained, they should have pelvic examinations, diagnostic tests, and treatment which is specifically for the rape. This may include VD treatment and pregnancy prophylaxis. In order to collect legally admissable evidence, semen and sperm specimens must be collected. Extensive counseling should be given to the victim to help her deal with the emotional trauma caused by the rape. The attitudes of the health profession toward rape victims is known to be hostile. Physicians are often unwilling to get involved because they do not wish to appear in court. The attitudes of women themselves needs to be changed. There is a stigma attached to rape which leads people to assume that the rape victim had been stupid or careless. In order for the problem of rape to be confronted, socially accepted norms of male aggression and female passivity must be changed. References are included. (NCJRS)

164

Nashua (NH) Area Rape and Assault Committee, Inc.: Sexual Assault, Treatment, and Prevention Project--Evaluation.

Garrell-Michaud, V.

(Concord, N.H.), New Hampshire Governor's Commission on Crime and Delinquency, 13 p., 1978.

Available from: NCJRS; Accession No. 053407.

A detailed description of New Hampshire's Nashua Area Rape and Assault Committee, a treatment and prevention project, indicates that program objectives are being met; refunding is recommended. The foremost goal of the project is the improvement of the climate for the reporting of sexual crimes, the prosecution of the offenders, and the treatment of the victims. In order to accomplish this goal, five objectives were formulated: (1) the education of the community to increase awareness; (2) the maintenance of a working relationship with police, medical personnel, and other significant agencies; (3) the provision of crisis intervention services to sexual assault victims; (4) the provision of support and the dispensation of knowledge to families and friends of victims; and (5) the enactment of relevant legislation. As proposed in the grant application, the Nashua Area Rape and Assault Committee was broken down into five subcommittees: (1) Services Education Subcommittee; (2) Finance Subcommittee; (3) Community Education Subcommitttee; (4) Publicity; and (5) Crisis Intervention Subcommittee. The primary function of the Services Education Subcommittee is to develop and maintain ongoing liaison with police, medical personnel, and other relevant agencies. The Finance Subcommittee's main purpose is to raise funding. The major thrust of the Community Education Subcommittee is the education of the public to the violent nature of sexual crimes. The Publicity Subcommittee is responsible for issuing press releases and public announcements of project activities. Finally, the Crisis Intervention Subcommittee responds to calls, meets with victims, and makes appropriate referrals as needed. It is concluded that objectives are being met. Twenty volunteers have been trained, of whom eleven serve as crisis intervention workers. In a 1-year period the project has received 24 crisis calls. Of these cases, 83 percent were reported to the police. One case resulted in a conviction. Refunding is recommended. Two tables are provided. (NCJRS)

165
New Treatment for Sex Offense Victims.
Gladden, B. L.
Police Law Quarterly 5(3):17-23, April 1976.

This article describes and discusses the new procedures being used by the Chicago, Ill., Police Department in dealing with complaints involving sexual offenses. The new procedures are the result of cooperation between the Chicago Police Department, the Chicago Hospital Council, the Citizen's Committee for Victim Assistance, and the Cook County State's Attorney's Office. After two years of discussions and studies, a pamphlet entitled "What You Need to Know About Rape" was published with funds obtained from the above agencies and it may be obtained through any one of the agencies. The new procedures offer detailed instructions as to how the police and other concerned persons (e.g., witnesses, hospital attendants and physicians) should deal with a sexual offense from beginning to end. Special attention is given to advising how to treat the victim in as humane a fashion as possible, how to obtain evidence for purposes of investigation and prosecution, and how to deal with alleged sex offenders. Expedited judicial procedures designed to minimize victim suffering are also discussed. New procedures designed to improve the effectiveness of investigation include appointing personnel whose job it is to review cases to identify crime patterns and to disseminate information thus obtained. The department is also experimenting with various types of teams, some all female and some consisting of men and women, who answer the complaint, escort the victim to the hospital, and follow her through much of the investigative process; it is hoped to reduce the number of people to whom the victim must relate her experience. Twenty-eight hospitals throughout the city have agreed to standard procedures for caring for the victim and preserving evidence. A streamlined arraignment procedure eliminates the necessity for a victim to testify at both a grand jury hearing and then at a trial. Suspect identification procedures are also considered. (NCJRS)

166
School Crime and Violence: Problems and Solutions.
Grealy, J. I.
Fort Lauderdale, Fla., Institute for Safe Schools, 363 p., 1979.
Available from: Institute for Safe Schools, Suite 506, 800 Broward Blvd., Ft. Lauderdale, FL 33301.

A planned school security program can help reduce school crime and vandalism, as this comprehensive and detailed book on the causes and prevention of school crime illustrates. The text describes the preliminary report of the 1975 Senate Subcommittee to Investigate Juvenile Delinquency, wherein Chairman Senator Birch Bayh of Indiana estimates that 70,000 serious physical assaults on teachers occur each year, ranging from the shooting of a school principal by one pupil to the beating of a high school math teacher. In addition, the subcommittee's survey of public elementary and secondary school districts reported hundreds of thousands of assaults on students; over 100 students were murdered in 1973, and school authorities confiscated 250 weapons in one urban school district in a single year. The author, one of the subcommittee's major witnesses, describes the evolvement of a school security system in Broward County, Fla., an area ordered to implement integration of its schools, and outlines such essential components of the system as job descriptions, investigative reports, and school system crime statistics. In addition to providing information on a school security program that can be adapted by any school district in the county, regardless of enrollment size, the book gives detailed information on LEAA Crime Prevention Through Environmental Design programs (CPTED) as designed for four high schools in Broward county and offers advice on obtaining LEAA funding for school crime prevention programs. Final program recommendations by Congress also are given and include early intervention, alternative education, counseling and guidance, police-school liaison, architectural and design techniques, alternatives to juvenile detention, and a school security program. Tabular data are appended. (NCJRS)

167
Hotline--Crisis Intervention Directory.
Greenstone, J. L. and Leviton, S.
New York, Facts on File, 301 p., 1981.

This directory presents listings of over 700 crisis intervention agencies throughout the United States, grouped by type of crisis and listed alphabetically by State and city. The listings cover agencies that provide intervention services for specific crisis situations such as rape, suicide, spouse abuse, and child abuse, as well as other, general service crisis agencies. Each entry gives the name, address, and telephone number of the program; its sponsor and affiliation with other service agencies; and the services offered, hours of operation, and qualifications of the staff. Centers which have a hotline are specially marked. A list of training programs describes schools, groups, workshops, and seminars that offer broad, standardized training for crisis interveners; the name, address, telephone number, type of training offered and schedules, name of contact person, and name of executive director are given. In addition, an annotated bibliography of approximately 240 citations is supplied, which outlines literature in this emerging field. Entries are listed alphabetically by author within specific subject categories and include articles and papers, books, and audiovisual materials. An index is provided. (NCJRS)

168
Rape: New Perspectives and New Approaches.
Haas, H.
Prosecutor 11(5):357-359, 1976.

This article outlines the primary features and results of the Multnomah County program which seeks to improve prosecution of rape cases and provide assistance and support for rape victims. The specific goals of this project, initiated in December 1971, were: (1) to increase the percentage of rapes reported to the police; (2) to reduce trauma and psychological impact of rape on the victim; (3) to prevent an increase in actual numbers of forcible rapes; (4) to alter community attitudes toward the crime of rape; (5) to increase the number of arrests and convictions of rape offenders; and (6) to arrive at a better knowledge of the crime and treatment needs of victims and offenders. Features of this program include improved medical procedures, consultations with victims regarding plea negotiations, unit issuing of rape cases to deputy district attorneys, and use of an advocacy staff of three women and volunteers to counsel rape victims. These procedures have had a decided impact in the adjudication of rape cases, the author notes. In addition, the program conducts professional and public education concerning rape cases. Research on offender and victim characteristics and crime-related variables is also conducted, and the results of that research are briefly summarized. (NCJRS)

169
Patterns of Forcible Rape in Wichita, Kansas--A Case of the Open System Theory.
Hageman, M. J. C. and Hastings, C.
Journal of Police Science and Administration 6(3):318-323, September 1978.

Patterns found among 159 rape cases in Wichita, Kans., are examined; the criminal justice outcome is traced; and suggestions are made for "open system" handling involving many community agencies. Examination of the 159 cases, which occurred between January 1 and December 31, 1977, found that rape could happen at any time to any female. Unlike earlier studies, this survey found that white females were as likely to be raped by black males as by white males. Although 112 of the cases involved women aged 15-25 years, the age range was 4 years to 91 years. Also contrary to other studies, streets and bars were not the most common locations; 79 rapes occurred in the victim's home and 32 involved forcible entry. The lowest incidence was on Monday and Tuesday, peaking on the week-ends. Midnight to 3 a.m. was the peak time. Of the 159 cases, 30 lacked sufficient evidence to prosecute, 20 were not prosecuted, 43 of the remaining cases were attributed to 17 individuals, and the rest are unsolved. Of the 17 alleged rapists, cases were dismissed for 5. The problems of collecting medical data and providing social services for rape victims are discussed. It is argued that a police department cannot possibly provide all the services the victim needs. The open system model used in Wichita is described. This approach alerts hospital chaplains, medical emergency personnel, and patrol officers to the needs of rape victims as well as the evidence needs of the criminal justice system. Supportive social services are mobilized to help the victim through her personal crisis and to help her during prosecution of the case. Through supporting the victim, the open system actually helps to apprehend and prosecute the rapist. Tabular data and a diagram of the open system model are provided. References are provided. (NCJRS)

170
Interagency Service Network to Meet Needs of Rape Victims.
Hardgrove, G.
Social Casework 57(4):245-253, April 1976.

The legal, medical, and emotional needs of the rape victim are discussed. To meet these diverse needs, an interagency network capable of offering a variety of supportive services will be needed. The incidence of rape has been steadily increasing throughout the United States. If the trend in rape victimization as of 1972 continues, this will mean that 1 out of every 2.8 women in Los Angeles County, California will be raped at least once in her life. By examining the legal definition and attitudes toward rape, the service provider can better assess the rape victim's needs. Under California law, for a crime to be considered rape, vaginal penetration must have occurred, the victim must be female and not the wife of the accused, and there must be proof of the victim's lack of prior knowledge of the act or lack of consent. Public attitudes towards rape have helped perpetuate a number of myths about rape: that the victim in some way encourages the rapist, that she enjoys the act and brings charges primarily to assuage her own guilt, and that the rapist is a sex-starved psychopath. Rape is, in fact, a violent, hostile, humiliating, and forcible subjugation of the victim. The rapist usually scores within the normal range on psychological tests, has other sexual outlets, and plans the act in advance. The victim may be any woman regardless of age or attractiveness. Public attitudes and legal definitions help indicate the rape victim's needs. She will need medical attention to determine pregnancy or disease and to collect police evidence, advice and support to deal with police interviews and procedures, legal assistance, and counseling and therapy to deal with the rape incident and the necessary procedures which follow. The victim will need to discuss the incident and her feelings and to be nonjudgmentally heard and understood. This may often not be possible with family or friends who may themselves feel guilty about the incident or be suspicious of the victim. In general, the rape victim will experience a predictable emotional response pattern: shock, disbelief, fear, guilt; apparent outward readjustment; recurrence of guilt, anxiety, and depression; and finally resolution and reintegration. Ventilation of these feelings, support, acceptance, and therapeutic counseling will be most important to the course of this reaction and the victim's ultimate readjustment. Crisis, short-term, and long-term group or individual intervention may help the victim and important others in her life during the process of readjustment. Meeting the various needs of the victim will require a multidisciplinary approach, cooperation, and coordination among service providers. One such network has been established in the Los Angeles area. It consists primarily of the area's Young Women's Christian Association, Family Service, Planned Parenthood, and the Huntingdon Memorial Hospital. These four agencies have been working with the police and other area services and agencies to provide a variety of supportive services for victims and their families. In addition to service provision and referral, the network engages in a variety of public education, training, and advocacy activities. Operation of the network is illustrated in a case report. (NCJRS)

171

Franklin County (OH)--Police Project Team--Rape Reduction Program.

Hartman, R.; Horton, O.; Joseph, D.; and Woerner, A. Columbus, Ohio, Columbus Police Department, 87 p., (197-?).

Available from: NCJRS; Accession No. 026007.

This report includes information on the rape problem in Columbus Ohio, national and local statistics on rape, descriptions of current police and court procedures in rape cases, and proposals for improvement. After describing police procedures with respect to rape, the report notes the inadequacies of these procedures. These include lack of public education about rape prevention, inadequate police facilities for conducting rape investigations, report writing problems, and lack of investigative personnel. Problems in handling the rape victims are also discussed. The effects of the revised Ohio criminal code dealing with rape are examined, and recommendations for improving report writing, public education, police in-service training, and facilities are provided. (NCJRS)

172

Sexual Assault: A Manual for Law Enforcement, Medical, Social Service, Volunteer and Prosecutorial Personnel and Agencies.

Hennepin County Attorney, Minneapolis, Minn. 180 p., 1978.

Available from: NCJRS; Accession No. 060574.

This manual deals with sexual assault and what has been and can be done by law enforcement, medical, social service, volunteer, and prosecutorial personnel in Hennepin County, Minn., to deter sexual assault crimes. Introductory sections of the manual focus on sexual assault services in Hennepin County, characteristics of sexual assault (victims, assailants, where and when sexual assault occurs, and reasons for the occurrence of sexual assault), and procedures to follow in sexual assault cases (decision to fight in the courts and the need for proof of resistance in criminal sexual assault prosecutions). Subsequent sections deal with the reporting of sexual assault and feelings of sexually-assaulted persons (relief, shock, guilt and shame, fear and paranoia, discomfort, recognition, anger, and acceptance). The remaining sections center around Minnesota's criminal sexual conduct law (varying degrees of criminal sexual conduct, evidence, and jury instructions) and deal with police investigations of sexual assault cases and sexual assault laboratory testing, hospital examinations (nursing protocols, physician protocols, venereal disease followup treatment, postcoital diethylstilbestrol, and required instruments and equipment). Other topics include the prosecutions of sexual assaults, prosecution as it involves the victim (investigation, omnibus hearings, pretrial procedures, plea negotiations, trial, victim responsibilities, and the not guilty verdict), the prevention of sexual assault, and various types of sexual assault and family abuses (battered women, child abuse and molestation, alcohol and drugs, abortion, phone calls, incest, and Minnesota's maltreatment of minors reporting law). A directory of support and community services in Hennepin County is provided. Appendixes contain an outline of procedures to guide the prosecution of a sexual assault case and a protocol for the examination of children following sexual abuse. (NCJRS)

173
Sexual Assault: The Target is You.
Hennepin County Attorney, Minneapolis, Minn.
53 p., 1978.
Available from: NCJRS; Accession No. 060573

Sexual assault in Hennepin County, Minn., is considered in relation to prevention, feelings of assaulted persons, reporting, the medical examination, the police investigation, prosecution, and State law. Sexual assault services in the county have three main goals: to prevent sexual assault; to minimize emotional trauma suffered by victims and their families; and to identify, prosecute, and rehabilitate criminal sex offenders. Victims are encouraged to report sexual assault, either to law enforcement or counseling agencies. Education programs for the general public are provided to increase awareness to the problem of sexual assault, and crisis intervention training is offered to medical law enforcement, legal, social service, and volunteer personnel. Following sexual assault, victims experience a variety of emotional reactions, including relief, shock, guilt, shame, fear, suspicion, discomfort, avoidance of the subject by others, anger, and acceptance. In helping victims, it is important for others to listen. It is also important to report sexual assault immediately to minimize emotional and physical injury and to allow police to pursue the assailant and conduct the criminal investigation more effectively. The medical examination conducted after reporting is intended to treat injuries, to care for emotional needs, and to obtain legally correct evidence. Tests performed at the hospital to assess medical status are the Wood's lamp examination, wet preparation, pubic hair examination, sperm typing, mouth examination, toxicology testing, venereal disease testing, urine test pregnancy, photographs, and acid phosphatase testing. If the decision is made to prosecute, victims must give a statement and become involved in omnibus hearings, pretrial procedures, plea negotiations, and the actual trial. Minnesota's criminal sexual conduct law provides that offenders (male or female) be treated equally and it outlines a rational scheme for determining the degree of severity in sex crimes. Types of sexual abuse are defined by law as child abuse, incest, family sexual abuse, child molestation, battered women, and homosexual or same sex assault. The maltreatment of minors reporting law, enacted in 1978 by the State legislature, defines child sexual abuse and contains provisions related to reporting, evidence, duties of local welfare agencies, and records. Practical guidelines to aid in preventing sexual assault and in deciding what to do after an assault are presented. A directory of community service, police, and helping agencies in Hennepin County is included. (NCJRS)

174
Rape Crisis Counseling.
Hicks, L. E.
Paper presented at the Annual Conference of the National Association of Women Deans, Administrators, and Counselors, New Orleans, Louisiana, March 18-21, 1976, 7 p., 1976.
Available from: ERIC; Order No. ED-134 916.

Operation of the Rape Counseling Center of the New Orleans, La., Young Women's Christian Association (YW-CA) is described. About 36 percent of phone calls involved crimes not reported to the police. The 24-hour rape crisis counseling service of the YWCA is operated by a staff of 2 professionals and about 30 trained volunteers. Volunteers each serve 5-14 hour shifts in their own homes. Phone calls are routed from the center via an answering service. The caller's confidentiality is strictly maintained. About 5-6 rape victims or relatives of rape victims call per week. About 10 percent of these calls involve victims under 14 years of age. About 15 percent of the calls involve rapes which occurred more than 3 months prior to the call. Approximately 36 percent involve crimes not yet reported to the police. In these cases, the victim is urged but never pressured, to report the crime. In general, a minimum of 2 or 3 callbacks are required for followup counseling while some cases have required as many as 17 to 20. These involve information for the victim, followup to the police or other criminal justice agencies, and referrals for medical aid or appropriate counseling aid. When the victim seems in immediate need of one-to-one counseling, she is referred to the Pontchartrain Mental Health Center, which provides up to 6 sessions of free counseling for rape victims. The 20-page training manual for volunteers is briefly described. The volunteers also participate in active role-play using tapes typical of calls from rape victims. Considerable time is spent on dealing with the patient's fear that confidentiality will be broken. A 2.5-hour month inservice refresher session for volunteers also is held. In addition to the crisis counseling, the center is working to change attitudes toward rape victims through public appearances, talks at local high schools, and a newsletter. Responsibilities for medical examinations for rape victims, as handled in New Orleans, are described in a question and answer session. (NCJRS)

175

Providing Rape Victims With Assistance at Court: The Erie County Volunteer Supportive Advocate Court Assistance Program.

Hirschel, D.
Victimology 3(1-2):149-153, 1978.

An Erie County, Pa., program designed to provide victims of rape and sexual assault with assistance during their contacts with the courts is described. The Erie County Volunteer Supportive Advocate Court Assistance Program was established by a temporary coordinating agency working under an LEAA grant to implement a series of task force recommendations relating to the handling of rape and sexual assault cases. The purpose of the program is to reduce the apprehension and discomfort experienced by victims during the judicial process and to increase the likelihood that perpetrators will be successfully prosecuted. Volunteer advocates complete the same 15-hour training program given to advocates who assist victims at hospitals. The court advocates also complete a 3-hour course on court and legal procedures, receive an advocacy handbook, and are supervised on the job. Victims are referred to the program by hospital advocates, police, or medical or counseling personnel, or through the court's notification system. The notification system provides victims with information on the court services program when they are notified of their scheduled appearance in court. The advocate assigned to a victim meets the victim at the courthouse shortly before court proceedings begin, assesses the victim's needs, and provides whatever assistance is required. The advocate's exact role depends on the stage of the proceedings, the victim, and the nature of the case. The advocate may stay outside the courtroom with a child victim, or may simply sit with a victim in the courtroom. Often the advocate acts as a go-between for the victim and the prosecuting attorney. The advocate remains with the victim throughout the proceedings, determines what additional assistance is needed, makes certain that other services (counseling, information, referral) are made available, and follows up on the case at regular intervals until final disposition. From the program's inception in October 1976 through July 1977, 28 cases were handled. Although it is too early to assess the impact of the program, victims have indicated that they appreciate the advocate's assistance. A list of references and a flowchart depicting program operations are provided. (NCJRS)

176

Idaho--Law Enforcement Planning Commission: Plan to Reduce Crime, 1979.

Idaho Law Enforcement Planning Commission, Boise.
Boise, Idaho, the Commission, 101 p., 1978.
Available from: NCJRS; Accession No. 051446.

Problems identified as being associated with the escalation of crime and components of the crime reduction programs which the Idaho commission will consider for funding are outlined. Problems and programs that will be considered for funding in 1979 by the Law Enforcement Planning Commission (LEPC) in Idaho encompass the priority crimes of burglary, robbery, and rape. Problems associated with these priority areas are noted: (1) residential burglary targets are too easily penetrated; (2) cash, televisions, radios, and stereos are popular burglary targets because they are untraceable, easily disposed of, and-or can be converted to personal use; (3) the probability that adult burglars will be apprehended and convicted is small; (4) in a six-area study of the State, of all the adults arrested for burglary, about 40 percent were eventually dismissed or not prosecuted; (5) only 1 in 10 juvenile burglars is apprehended and only 1 in 16 is adjudicated delinquent; (6) in commercial establishments cash is within easy access of robbers, particularly during hours when robberies are most frequent; (7) the prosecution of nearly 25 percent of the adults arrested for robbery is lost due to evidence deficiencies; (8) there is an excessive proportion of young males (16 and 17 years of age) entering the juvenile justice system as compared to other juvenile age groups; (9) youth who have already come into contact with the juvenile justice system prior to the commission of burglary continue to commit burglary and other serious offenses at a high rate; (10) documented effectiveness is lacking for traditional juvenile sentencing alternatives; (11) it is impossible to follow juveniles who have entered the criminal justice system and trace their eventual success or failure; (12) primary target areas for robbery appear to be convenience markets and public streets; (13) the criminal justice system is not able to deter juveniles from becoming robbers or burglars; (14) the prison population at the Idaho Correctional Complex exceeds its designed capacity; and (15) rape victims are unwilling to pursue the prosecution of identified offenders in nearly half of the cases. Data supporting these findings are tabulated and graphed. The action plan to address these problems encompasses prevention, apprehension, conviction, sentencing, corrections, juvenile justice, delinquency prevention, and special resource allocation. Institutions and information are provided for people interested in applying for LEPC funds. (NCJRS)

177

Kansas City (MO)--Metropolitan Organization to Counter Sexual Assault: Final Report, October 1, 1975 - September 30, 1976.

Kansas City Police Dept., Mo.
Kansas City, the Department, 50 p., 1976.
Available from: NCJRS; Accession No. 040368.

A performance evaluation of the activities of the Metropolitan Organization to Counter Sexual Assault (MOCSA) organized to reduce the impact of sexual assault on victims and increase awareness of sex crimes. The organization activities include the sponsorship of programs that provide victim medical-physical, economic, social, and psychological services. To facilitate these services standard operating procedures were developed by the sexual assault treatment center in the hospital emergency room. In addition a 24-hour crisis line, a victim advocate program, and other volunteer programs were established. The MOCSA, to facilitate acceptance of its concepts, formed a criminal justice committee to foster support, trained 344 law enforcement officers in sexual assault awareness, developed mechanisms for special prosecutory treatment of sexual assault cases, and established public information programs. MOCSA also developed research instruments for identifying problem areas and evaluating its own effectiveness. An appendix contains the agenda of the national conference on sexual assault. (NCJRS)

178

Impact of a Community Health Approach to Rape.
Kaufman, A.; DiVasto, P.; Jackson, R.; Vandermeer, J.; Pathak, D.; and Odegard, W.
American Journal of Public Health 67(4):365-367, April 1977.

Various agencies concerned with sex crimes in Albuquerque and surrounding Bernalillo County formed the New Mexico Task Force on Victims of Sex Crimes to develop and coordinate existing facilities and services and to provide community education about rape. During the past 2 years, the Task Force helped lobby for the legislation of progressive sex crimes laws, expanded counseling and educational services at the Albuquerque Rape Crisis Center, created a 24-hour crisis hotline at the center, instituted free emergency and followup medical care for rape victims at the Bernalillo County Medical Center, established a Rape Contact Team that is available 24-hours a day at the County Hospital, established a protocol for emergency room medical treatment of rape victims, developed a special rape evidence kit to insure thoroughness and uniformity of evidence collection, established the practice of using women detectives to investigate rape for the Albuquerque Police Department and the County Sheriff's Department, and expanded referrals to and consultation from Alternatives, Inc., a community-based sex offender treatment program for the county. Beginning in summer 1975, the Task Force began to disseminate information through the media. Data from the medical and judicial systems indicate that significantly more arrests and convictions for rapes have been made since the task force was established. 10 references.

179

Police and the Rape Victim in New York.
Keefe, M. L. and O'Reilly, H. T.
Victimology 1(2):272-283, Summer 1976.

This paper uses case studies to indicate the change in the reporting of sex crime victimization after the creation of a sex crimes analysis unit staffed by specially trained all female investigators. Begun in December 1972, this new program required major efforts in two areas - a public information campaign to increase public awareness of the scope of the problem of sex crimes victimization and to make women aware of services available to them, and a comprehensive training program designed to instill proper attitudes in professionals who deal with sex crimes victims and to teach specialized investigative skills to police personnel. An outline of the sex crimes analysis unit training is appended. References are included. (NCJRS)

180

Rape and Its Victims--Manual.
Keefe, M. L.; Rich, J. T.; Viano, E.; and Burgess, A. W.
Washington, D.C., University Research Corporation, 124 p., 1977.
Available from: NCJRS; Accession No. 047390.

This manual was prepared for a workshop on the problems faced by policymakers as regards the delivery of rape-related services within communities. This 2.5-day workshop was organized to explore, systematically with policymakers, the problems in achieving coordination among service agencies and to identify potential solutions which can result in more effective and efficient delivery of rape-related services at the community level. First, the problemsolving approach to rape and its victims is introduced and outlined, and notes from the workshop are provided. Next, the need for interagency cooperation is underscored. Then, rape is examined within both the social and legal context. The importance of research, its application, and summary research findings are discussed. Legal issues are examined with attention to the development of a legal definition of rape and the State laws of Colorado, Florida, Michigan, Wisconsin, and California. Rape myths and rape reporting are also discussed. A bibliography of recent developments and major research findings regarding rape is provided. Next, reactions to rape are examined. Community reactions and the specifics of a sample rape case are discussed. Next, the response to rape is considered, with attention to the police response, meeting victim needs in hospitals, and the response of prosecutors and the community. Finally, the dynamics of change are detailed. Characteristics of, prescriptions for, and resistance to change are discussed. A perspective on training workshops is also included. (NCJRS)

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Sexual Assault: A Statewide Problem; A Procedural Manual for Law Enforcement, Medical, Human Services, and Legal Personnel.

Keller, E., ed.

St. Paul, Minnesota Program for Victims of Sexual Assault, 157 p., (197-).

This manual is addressed to agencies or communities concerned with the response to sexual assault victims, and details the legal, medical, judicial, and community responses necessary for supporting these victims. Sexual assault is defined as rape, same-sex assault, child sex abuse, incest, and any other sexual activity which a person is forced into without his or her consent. This manual provides guidelines for agencies dealing with sexual assaults; it is planned that the guidelines would be adapted to each particular community, taking into account such factors as the needs of that community, variations in services available, and agency size. Five comprehensive chapters are included in the manual, covering the following topics: law enforcement investigation of sexual assault crimes; the medical treatment of sexual assault victims; counseling the victim of sexual assault; the prosecution of sexual assault crimes; and the child as victim. (NCJRS)

182

Pierce County (WA): Rape Relief; Evaluation.

Layman, M. F. and Barlow, S. R.

Tacoma, Wash., Pierce County Rape Relief Project, 27 p., 1977.

The material reports the results of an evaluation of the Pierce County Rape Relief Project, which covers the project period of 1976. The project was developed to provide aid and support to victims of sexual abuse and to enhance criminal justice system efforts to reduce the incidence of rape in the county. The evaluators concluded from a data analysis that Rape Relief has had little impact on the criminal justice system or on the incidence of rape in Pierce County. However, rape reported to Rape Relief has increased significantly, and Rape Relief cases which were prosecuted were more successful than non-Rape Relief prosecutions. (NCJRS)

183

Services to Sexual Assault Victims in Hennepin County (MN).

Ledray, L. and Chaignot, M. J.

Evaluation and Change (Special issue):131-134, 1980.

This successful treatment model for rape victims, implemented by the Sexual Assault Resources Service (SARS) program in Hennepin County, Minn., keeps the power and control in the hands of the woman, not the counselor. During the 2-year research period, the SARS nurses helped rape victims 16 years and older who came into the Hennepin County Medical Center Emergency Room within 36 hours after the rape. Nurses assisted victims during the evidentiary examination, and then, for 12 months, they provided services which included supportive counseling for the victim and the significant others, and a goal-setting treatment approach. Both treatment approaches considered it important for the counselor not to try solving the victim's problems for her, but rather to provide information and remove obstacles so that she could move at her own pace, and be the center of activity and decision-making. Thus, the seven essential components of the supportive counseling included responding to the victim as a normal, healthy individual who was in a state of disequilibrium due to a serious life crisis. The Guide to Goals was used in the goal setting treatment by the victim to set her own goals. The results included lower levels of depression and perceived stress, and more rapid behavioral changes in the desired directions for women who used the Guide to Goals alone or in combination with supportive counseling. However, the supportive counseling in the emergency room influenced the victims to return to the clinic and participate in followup at a significantly higher rate than those in the control group. In addition, better evidence was collected by the police, which resulted in higher conviction rates for rapists in the county. The future research at SARs will include a more specific analysis of Guide to Goals, and identification of the types of victims for whom it is most effective. Footnotes are provided. (NCJRS)

184

Rape is a 4-Letter Word.

Levine, P.

8 p., (197-?).

Available from: NCJRS; Accession No. 061710.

Rape victims' narrative accounts of their rapes, interviews with convicted rapists and law enforcement officials, and the nature of the model program for supporting Kansas City rape victims, are presented. Graphic accounts of four rape experiences illustrate the terror, pain, and violence involved in this crime, as well as the lack of victim precipitation of rapes. Six convicted rapists in one Missouri prison presented widely varying attitudes toward their crimes, their victims, and the reasons for their acts. A psychotherapist who has treated both rapists and rape victims believes that rapists differ from nonrapists in their lack of social skills, rather than in traumatic experiences undergone. Kansas City's Metropolitan Organization to Counter Sexual Assault (MOCSA), organized in 1974, has trained nearly 15,000 police officers and recruits to deal appropriately with rape victims, maintains a 24 hour telephone crisis line, provides victim advocates to advise rape victims, and provides education to the public. According to a former district attorney, about 20 percent of rapists are nonviolent; about 78 percent use just enough force to control the victim; about two percent are violent psychopaths who respond violently to resistance; and all rapists see women as objects rather than as human beings. One Kansas City police officer describes the city's program as a model effort involving cooperation among the police department, the prosecutor's office, laboratories processing physical evidence, and MOCSA. As a result of the program, 37 percent of Kansas City rape cases result in filing of charges, versus a national average of 7 percent. Other issues, facts, and results are discussed with a description of a planned MOCSA demonstration called Women Take Back the Night. (NCJRS)

185

Development of a Medical Center Rape Crisis Intervention Program.

McCombie, S. L.; Bassuk, E.; Savitz, R.; and Pell, S.
American Journal of Psychiatry 133(4):418-421, April 1976.

The Rape Crisis Intervention Program at Beth Israel Hospital in Boston, Massachusetts, uses volunteer multidisciplinary counseling teams drawn from psychiatry, social work, psychology, and nursing staffs. The premise of the program is that early crisis intervention can prevent later development of psychological disturbances in victims. The program provides both immediate and followup counseling that is aimed at resolving the psychological crisis, encourages emergency room personnel to respond sensitively to the emotional needs of the victim, develops an understanding of the special needs of this patient population to provide expert consultation to the community and professional groups, and conducts research on the acute and long-term impact of rape on life adjustment. All members of the volunteer counseling team attend a series of weekly didactic seminars on crisis intervention techniques and problems of rape victims. Though cumbersome and unreliable at times, the volunteer model sensitizes a large number of hospital personnel to the emotional needs of the victim. The 24-hour approach insures that a counselor will be available to accompany the victim throughout all procedures. Family members and friends are also counseled, and the victim is followed up for at least 12 months. Gynecology and nursing meetings have been used as forums to identify and discuss staff concerns. Videotaped interviews with victims, role plays, and discussions are used to sensitize personnel to the stresses affecting the victim. Inclusion of an emergency room nurse as a member of the program's administrative and planning group has relieved conflicts between program counselors and emergency room personnel and supported nurses' efforts to expand their role. Information is being gathered on the effect of rape at various stages in the victim's life, and the program is being expanded to include public and professional education components. 11 references.

186

How to Start a Program Against Crime--From Compendium to Emendation.

Marion County Victim Advocate Program, Inc., Indianapolis, Ind.
Indianapolis, Ind., the Program, 20 p., 1975.
Available from: the Program, 4602 Thornleigh Drive, Indianapolis, IN 46226.

Guidelines for citizen groups interested in gaining the attention and cooperation of criminal justice officials are offered, and details of an Indiana victim advocate program's efforts to help rape victims are recounted. The guidelines provide an approach to building support in the community and among police officials, prosecutors, judges, and other officials whose actions affect the victims and potential victims of crime. Problems with police treatment of rape victims in Marion County (Indianapolis), Ind., and steps taken by the local citizens' victim advocate program to solve the problems are discussed. The Indianapolis Police Department's special investigative unit for sexual offenses, under the direction of a female sergeant, is described. The form used by investigators to record data on sexual offenses is presented, and recommendations for police handling of rape victims are offered. The citizen group's efforts to improve the treatment of rape victims in hospitals and the coordination between hospitals and forensic laboratories are documented, as are the group's recommendations to the prosecutor's office, based on the observations of volunteer court-watchers. Guidelines for establishing court-watching systems in other communities are outlined. (NCJRS)

187

Rape in Seattle: A Crime Impact Evaluation of the Seattle Rape Reduction Project From September 1973 to December 1975.

Mathews, K. E.
Seattle, Wash., Seattle Law and Justice Planning Office, 26 p., 1976.

This study reveals the success of a rape reduction program and sexual assault center in Seattle. The program aimed to increase the incidence of reported rape to the police department, to increase the number of victims willing to identify and prosecute rape suspects, and to increase the number of prosecutions for forcible rape. The evaluation found that there had been a significant increase in the number of reported rape cases, as well as willingness to prosecute. Conviction data, however, did not show a significant difference from the figures on conviction prior to the program's initiation. (NCJRS)

188

Shelter for Abused and Battered Women and Their Children Operated by Abused Women's Aid in Crisis (AWAIC), Anchorage, Alaska. Final Evaluation Report.

Mechau, D.
Anchorage, Alaska, Abused Women's Aid in Crisis, 37 p., July 31, 1978.
Available from: ERIC; Order No. ED-162 244.

The shelter for battered women described in this report was established for three purposes: (1) to provide assaulted and battered women and their children refuge from domestic violence; (2) to enable women to identify viable alternatives to life-threatening situations and encourage self-reliance; and (3) to act as an advocate for change within the community and in those systems responsible for providing services to assaulted and battered women and their children. The report itself is a detailed final evaluation of the program for the fiscal year ending June 1978. A few of the areas covered are funding sources and appropriateness of funding; staff positions and salaries; goals and objectives; functions performed by the shelter; and deficiencies and recommendations for improvement. (ERIC)

189

Metropolitan Organization to Counter Sexual Assault Evaluation-Kansas City, Mo.

Metropolitan Organization to Counter Sexual Assault, Kansas City, Mo.
Kansas City, Mo., the Organization, 6 p., (197-?).

The report assesses the effectiveness of the Metropolitan Organization to Counter Sexual Assault (MOCSA) in Kansas City, Mo., using the change in the rate of victim dropout from the criminal justice system as an index. MOCSA was added to the existing agencies of police, prosecution, emergency rooms, and mental health centers. Although MOCSA serves eight counties, this evaluation is confined to the Kansas City Police Department jurisdiction. In all categories evaluated, substantial changes were experienced between 1975 and 1978. The percentage of victims declining to take further action with the police dropped from 49.8 percent in 1975 to 22.0 percent in 1978. Victims declining to prosecute with the prosecutor declined from 18.4 percent to 7.8 percent; those declining to appear for preliminary hearings, from 12.8 percent to 1.2 percent; and those declining to appear for trial, from 11.1 percent to zero in the same period. There were 328 reports in 1975 and 395 in 1978. The rate of cases in which charges were filed rose from 35.5 percent in 1975 to 52.9 percent in 1978. Rate of convictions as charged rose slightly from 63.1 percent to 64.7 percent, despite the increase in charges filed for marginal cases. Changing from use of special prosecutors to use of general prosecutors resulted in no noticeable loss of efficiency. A computerized system of victim and offender profiles is being developed because the higher reporting rate has increased the chance that a given suspect will be the focus of more than one incident report. MOCSA estimates that the reporting rate has doubled over the past 5 years to 30 percent. Nevertheless, jury attitudes have prevented increase in the absolute number of convictions. Intensive public education about sexual assault is needed. Due to lags in the system, accurate evaluation of assaults occurring in 1978 is impossible. A chart summarizing results is included. (NCJRS)

190

Metropolitan Organization to Counter Sexual Assault Final Report--Kansas City, Mo.

Metropolitan Organization to Counter Sexual Assault, Kansas City, Mo.
Kansas City, Mo., the Organization, 25 p., (197-?)

This final report on the Metropolitan Organization to Counter Sexual Assault (MOCSA) in Kansas City, Mo., examines the project's background, nature, and elements applicable to programs elsewhere. MOCSA evolved from local police department studies showing that the probability of being raped depended on vulnerability rather than dress or behavior, and from the development of an interdisciplinary advisory group on sexual assault. Failure of victims to report crimes and to follow through with prosecution was perceived as the main problem. MOCSA therefore concluded that its efforts should focus on the identification, arrest, prosecution, and incarceration of rapists. It concentrated on getting victims to testify in court and on developing nonjudgmental attitudes and behavior among all people interacting with rape victims. MOCSA recognized unique aspects of rape cases and obstacles to reporting and prosecution. Other elements of the program included supporting proper collection of evidence through accredited medical facilities and educating police, prosecutors, and the public. Based on the MOCSA experience, it is recommended that a rape prevention system include the following components: (1) a sensor mechanism (crisis lines and emergency room teams) to trigger services to victims of sexual assault; (2) contact with the victim by knowledgeable police officers; (3) provision of a medical setting for the retrieval of physical evidence; (4) a prosecutor's office working closely with the sex crimes unit to help develop all potential evidence; (5) knowledgeable emotional and psychological support for the victim; (6) assignment of a person designated as the victim advocate; and (7) a permanent forum in which all the responding agencies can have an equal voice and equal impact on solving problems. Prevention of rape through rehabilitation of rapists is currently an unrealistic goal. Efforts should therefore emphasize these practical response measures as well as increased educational efforts. (NCJRS)

191

Broward County (FL) Sexual Assault Treatment Center Evaluation.

Monahan, D. H. and Roa, G.
Washington, D.C., U.S. Department of Justice, Law Enforcement Assistance Administration, 78 p., 1978.

This report evaluating the response of the Broward County, Fla., Sexual Assault Treatment Center (SATC) to the rape victim focuses on the victim, the crime, the law, the public, and the criminal justice system. The evaluation sought to determine whether the program increased the number of prosecutions and provided continuing support to victims. SATC was supported by LEAA funds and State and local matching funds. It began full operations in August 1977. SATC goals were to provide support and immediate medical and psychological services to victims of rape, child molestation, and incest; to aid prosecution efforts; and to educate the community on all aspects of sexual assault, especially prevention. The program includes a 24-hour hotline service, 24-hour emergency psychological services, followup therapy, and related services. The evaluation was based on record review, site visits, and questionnaires to clients, police, medical personnel, and referral agencies. Results indicated that most victims found that SATC effectively provided medical and emotional treatment. Agencies surveyed all voiced continuing support of the program, but recommended certain program modifications. Feasible recommendations from those surveyed included (1) ensuring that medical reports are confined to medical opinion, (2) providing a backup system for doctors to prevent delay, (3) strengthening followup, (4) providing specialized counseling to child victims, (5) using victims to help train volunteer counselors, (6) establishing victim group encounter sessions, (7) giving police wallet-sized SATC referral cards, (8) photographing sexual battery to aid prosecution, (9) establishing a special rape unit in each police department, (10) increasing public awareness, (11) establishing another treatment center, (12) improving records for tracking, (13) providing legal counseling, and (14) placing the program telephone number in the emergency listing section of the telephone directory. Diagrams, tables, and extensive exhibits providing additional data and the program brochures are included. (NCJRS)

192

Rape Victim Assistance Program for Leavenworth County, Kansas; Final Report.

Mouris, P. C.
110 p., 1977.
Available from: NTIS; Order No. AD-A053111.

The roles of police, hospitals, and psychological counselors in assisting rape victims are discussed, and a manual to guide development of a rape victim program in Leavenworth County, Kans., is presented. Background information on the problems of rape victims is presented, with emphasis on the nature of rape as a violent (as opposed to sexual) crime and on the rape trauma syndrome (a psychological response to extreme fear). The literature on rape victim assistance programs and techniques is reviewed. Duties of law enforcement agency dispatchers, patrol officers, evidence-gathering personnel, and detectives are specified. Based on an analysis of the needs of rape victims in Leavenworth County, a manual for the development of a comprehensive victim assistance program for the county is appended. The manual includes a discussion of the rape trauma syndrome, plus the responsibilities of police, hospitals, and counseling agencies. The goal of the proposed program is to reduce the trauma experienced by rape victims, to promote recognition of rape as a legitimate health issue, and to increase the likelihood that rape victims will follow through in the prosecution of their assailants. Both the manual and the study report include bibliographies. (NCJRS)

193

Aid to the Victim, Part 2: Victim Aid Programs.

Newton, A.
Crime and Delinquency Literature 8(4):508-528, December 1976.

This article examines several victim-oriented programs around the country which provide financial, legal, medical, psychological, and informational services to victims and victim-witnesses. Highlighted are model comprehensive victim-service programs in St. Louis (MO), Akron (OH), Philadelphia (PA), Fort Lauderdale (FL), and Aurora (CO). Programs in these last two cities aid the victim through police and legal procedures involved in apprehension and prosecution and are operated by the respective police departments. Victim-witness assistance programs operated by Marion County (IN), Pima County (AZ), Brooklyn (NY), and under the auspices of the National District Attorneys Association are also briefly examined. The major function of these dual role programs is to maintain contact with witnesses during the pendency of court proceedings and help them prepare for court appearances. Special programs for rape victims run by police departments (New York City, Los Angeles County), medical facilities (Dade County, Florida), prosecutors' offices (Multnomah County, Oregon), and citizen action groups (Cambridge, Massachusetts) are also described. In addition, various government and community task forces and other organizations providing services to rape victims are cited. (NCJRS)

194

Whatcom County (WA): Women As Victims; Analysis of Rape Relief.

Northwest Regional Council, Bellingham, Wash.
Bellingham, Wash., the Council, 19 p., 1976.

The goals of the Rape Relief Program were to reduce the growing incidence of rape in Whatcom County (WA) by 20 percent by 1978, to provide liaison and advocacy programs for rape victims, and to collect and analyze rape data. The goal performance and program implementation are assessed in a narrative, rather than statistical, format. The project, which increased significantly the level of reporting, had the apparent effect of increasing the rape rate instead of lowering it. The services provided for rape victims were seen to be useful. However, the evaluator recommended that the program director be made into a full-time position and that the program cooperate more with the local police agencies. (NCJRS)

195

What Has Happened to Rape Crisis Centers? A Look at Their Structures, Members, and Funding.

O'Sullivan, E.
Victimology 3(1-2):45-62, 1978.

The organizational features, staffing patterns, and funding status of 90 rape crisis centers that responded to a January 1976 mail survey of 118 centers are examined. The purpose of the survey was to contribute to an assessment of the impact of the antirape and women's movements in the United States, to provide information of use to individual rape crisis centers, and to offer observations pertinent to the development of other grass roots projects, such as shelters for battered women. Only centers which were autonomous, which had opened prior to 1976, and which provided direct services to victims were contacted. The report covers the services, structure, and policy-related activities of the centers; the characteristics, recruiting, training, and utilization of the people who work in the centers; and funding sources and budgets. The survey findings indicate that, despite their limited size and resources and primarily because of the dedication of staff and volunteers, the centers have been surprisingly successful. However, funding problems have troubled many of the centers, sometimes forcing their incorporation into other organizations. The merger of rape crisis centers with other crisis intervention activities could affect the centers' ability to address social issues underlying sexual violence and could also dilute rape-related activities, particularly those not involving direct victim services. The variety of organizational approaches taken by the centers could be useful in responding to different constituencies, raising new issues, and developing new strategies. However, rather than using their differences constructively, the centers have tended to be isolated. There have been some efforts to communicate--exchanges of newsletters, national and regional meetings, joint training programs. But lack of funds has limited most centers' participation in such activities. Many of the problems faced by rape crisis centers are shared by other voluntary agencies. Whether the centers continue to influence change and to deliver services may depend as much on external forces as on the centers' own efforts. Supporting data and a list of references are included. (NCJRS)

196

Sexual Assault Assistance Program--Evaluation.

Palm Beach County Metropolitan Criminal Justice Planning Unit, West Palm Beach, Fla.
West Palm Beach, Fla., the Unit, 118 p., (197-?).

A Palm Beach County, Fla., program providing assistance to victims of sexual assault is evaluated, and the program's statistics on rape are analyzed. Founded in November 1975, the Sexual Assault Assistance Program (SAAP) had provided support services on a one-to-one basis to 2,528 victims as of March 1978. SAAP paralegals assist victims throughout their involvement with the criminal justice system. SAAP also coordinates the activities of police, legal, and medical personnel who deal with sexual assault victims; conducts public information programs; and operates a rape hotline. A comparison of SAAP with other victim assistance programs finds SAAP's organizational placement as a separate agency to be advantageous. Analysis of case records to identify criminal justice system policies and procedures that have a negative impact on victims reveals a need for law enforcement agencies to reassess their methods of determining the validity of rape claims, particularly those filed by black women. Analysis of SAAP statistics also shows the extent to which Palm Beach rape cases follow patterns identified in national studies of victim-assailant relationships and other aspects of rape. Surveys of SAAP clients, police, prosecutors, physicians, and nurses find support for SAAP. The evaluation report includes a detailed history of SAAP; evaluation methods, findings, and recommendations; copies of evaluation instruments; and supporting data. (NCJRS)

197

Spokane (WA): Rape Crisis Network; Year Two Evaluation, 1975-1976.

Ray, J.

Olympia, Wash., Washington Law and Justice Planning Office, 154 p., 1976.

This evaluation measured the effectiveness and efficiency of the rape crisis network, which seeks to attack the growing crime of rape by promoting citizen involvement through public education, liaison, and victim services. The effectiveness measurements include an analysis of the change in the rates of reporting and prosecution. Efficiency measures include the number of cases, the number of third party reports, number of volunteer hours contributed, and number of presentations and people reached. A comparison of these measures between the second grant year and the first grant year is made. The evaluation also includes: a tally of services used by rape victims, a cost analysis of the project's activities, a comparison of victim and crime characteristics of reports to the police and the rape crisis network, the results of a public attitudinal-victimization survey, a study of attempted rape cases reported during 1975, a study of the incidence and prosecution of indecent liberties cases in 1975, and a study of the relationship of rape to phases of the moon. (NCJRS)

198

Houston-Harris County (TX)--Development of a Rape Referral and Prevention Capability Within the City of Houston Police Department: Police Technical Assistance Report.

Richter, J. G. and Walton, L. R.

(S.I.), Westinghouse Justice Institute, 15 p., 1976.

Available from: NCJRS; Accession No. 037864.

This technical assistance was concerned with establishing a component of the proposed Houston-Harris County Victim-Witness Assistance Project within the City of Houston Police Department. Houston (pop. 1.6 million) (506 sq. mi.) is served by 3,349 police personnel (2,586 sworn). This report is dated October 1976. Recommendations and implementation procedures for each facet of the Victim-Witness Assistance Project as it pertains to the police department, as well as suggestions regarding the City Health Department's role as it relates to the workings of the victim liaison officer's component of the project. The duties of the victim liaison officer are stipulated. (NCJRS)

199

Developing Consultation and Education Services for Sexual Assault.

Rodabaugh, B. J.

Palo Alto, Calif., American Institutes for Research, 43 p., 1978.

This monograph outlines the special role that community health centers can play in alleviating the effects of sexual assault and in stimulating planning and activities directed toward the prevention of sexual assault. Information for staff members in mental health agencies was compiled from reports of current research, conference and workshop presentations, and interviews with specialists in a number of related fields. An introduction discusses the national increase in sexual assaults, the role of mental health agencies in dealing with the problem, definitions of terms, and the state of current literature on the subject. Current information on sexual assault is presented by using survey statistics, research studies, and experiences of those working directly with victims and offenders. Profiles of the assailant and the victim are presented, and the effects of sexual assault and its implications for the consultation and education specialist are discussed. Definitions of "consultation," "education," and "prevention" within the context of services for sexual assault are given, and some examples are provided of who and what may be involved in each process. A planning guide for consultation and education programs and a checklist for determining what is already being done and what needs to be done in the community are included. Finally, ways in which agencies, organizations, and the general public can be encouraged to participate in services for the sexual assault victim are delineated. Problems of working in rural communities and the special concerns of potential victims in high risk groups also receive attention. Reference lists accompany each chapter. A few footnotes are included. (NCJRS)

200

Evaluation of a Sexual Offenses Crisis Center: Outlining a Tested Procedure.

Steele, S. F.

Paper presented at the Annual Conference of the Eastern Community College Social Science Association (Baltimore, Md., April 10, 1980), 19 p., 1980.

Available from: ERIC; Order No. ED-196 475.

The data collection procedures described in this report were designed to monitor and evaluate the performance of the Sexual Offenses Crisis Center in Annapolis, Maryland, for local, State, and Federal agencies. After introductory material summarizing program evaluation criteria established by the Law Enforcement Assistance Administration, the report enumerates the Center's seven established goals. It then describes an ongoing data collection system, which was designed to record the number of people who contact the Center, the abuses they suffered, and the actions taken by the Center. The procedures used for assessing community impact and their findings are then described, revealing that the number of rapes that were reported increased a significant 57 percent in the year the Center opened, as compared to an increase of only 5.6 percent the year before. Finally, the report discounts the possible effects of an increased population and liberalized social attitudes on this statistical variance through a time trend examination of the change in the number of rapes per capita and through a comparison of Ann Arundel County rape statistics with those of a neighboring county without a crisis center. The forms used to monitor the activities of the Center are appended. (ERIC)

201

Victims Assistance Programs in Minnesota.

Viano, E. C.

Victimology 2(1):88-101, Spring 1977.

Minnesota has attracted increasing attention because of the introduction of innovative laws and programs in the field of victim assistance, among others. An act passed in 1974 authorized the commissioner of corrections to develop a statewide program, the Minnesota Program for Victims of Sexual Assaults, to aid victims of sexual attacks. The statewide program included voluntary counseling to be made available to victims throughout the proceedings following the rape, including hospital examination, police investigation, questioning of witnesses and trial. The commissioner of corrections was also directed to assist in establishing sensitivity training for prosecuting attorneys, local police and peace officers, and hospital personnel. In 1975, the year they mandated the statewide program and before there was any funding for State programs, a comprehensive reform of the laws related to sexual assaults was passed on the last night of the session. It reclassifies the criminal sexual conduct into four degrees; it provides that the victims do not have to prove resistance to the utmost; it limits the amounts of evidence about the victim's previous sexual conduct that can be admitted into court; it also provides that counties pay for examinations taken for the purpose of gathering evidence. This article represents an interview with four key persons who direct victim assistance programs in different areas of the State (rural and urban), from different vantage points (statewide and local), and located in different organizational structures. Taking part in the conversation were the directors of the sexual assault services in the Hennepin County attorney's office (Minneapolis), the St. Louis County Aid to Victims of Sexual Assault (Duluth), the Sexual Offense Service (S.O.S.) of Ramsey County (St. Paul), and the Minnesota Program for Victims of Sexual Assault. The interviewer was Emilio C. Viano. (NCJRS)

202

San Diego County (CA) Protocol for the Treatment of Rape and Sexual Assault Victims.

Warner, C. G.; Koerper, J.; Spaulding, D.; and McDevitt, S., eds.

San Diego, Calif., San Diego Sub-Committee on Sexual Assault and Intra-Family Violence, 151 p., 1978.

Available from: the Sub-Committee, City Administration Building, 202 C Street, San Diego, Calif. 92101.

This book is designed to coordinate existing services for rape victims in San Diego County to prevent further trauma following victimization and to educate women in self-defense tactics through unique programs. To provide uniformity in treatment, evidence collection, and followup services to victims of sexual assault in San Diego County, Calif., an Office of Emergency Medical Services was organized in 1975. Within this office, the position of coordinator of post-sexual assault services and preventive services was created with a victim-oriented philosophy of prevention. The coordinator must manage existing services to prevent further traumatization when a victim reports the crime and also must assist in developing individual assault prevention techniques. The protocol of the office establishes an accepted citywide and countywide level of care and treatment that should be afforded all victims. In addition, sexual assault education and inservice training in a holistic approach to victims are offered to attending personnel in fields of law enforcement, health care, and social services. The rape evidence kit has been standardized for use by medical personnel in the hospital setting. The kit is unified so that the tools to establish a sound medicolegal case are easily accessible. The kit is in accordance with the protocol, and the cost to the individual jurisdiction or hospital is lower than for commercially produced kits. The protocol is intended as a guideline for a responsive community approach and is to be used by all personnel who attend victims in hospital emergency rooms, law enforcement agencies, and supportive community agencies. Specific topics covered include establishing a victim service network, the medical response in the emergency department, special considerations in the examination and treatment of sexually abused children, examining the sexual assault suspect, and the law enforcement response in sexual assault investigations. Also discussed are the psychological reactions of victims and response of personnel, the hospital social service response, followup for medical and psychological support services, and continuing education for attending personnel. Appendixes include legal information, specific forms for requesting probation, authorizing emergency care, and informed consent in English and Spanish, a self-help guide, an enclosure for a rape evidence collection kit, and an application form for indemnification for victims of violent crime. A glossary of terms, bibliography, additional references, and an index are provided. (NCJRS)

203
Baton Rouge (LA)--Stop Rape Crisis Center.
Whitcomb, D.; Day, D. A.; and Studen, L. R.
Cambridge, Mass., Abt Associates, Inc., 90 p., 1979.
Available from: GPO; Stock No. 027-000-00868-2.

An aid for improving rape assistance programs, this manual describes the services and achievements of the Stop Rape Crisis Center (SRCC) in Baton Rouge, La., established in 1975 with a grant from LEAA. To link criminal justice goals (increase the reporting of rape and the number of arrests and convictions) with victim support goals (involve the community in program services and reduce victims' trauma), the Baton Rouge district attorney's office created the SRCC as one of 10 special service programs. This affiliation greatly enhances the center's credibility in dealing with other criminal justice personnel, community agencies, the public, and potential and actual rape victims. In addition, the district attorney's active sponsorship of the rape program has guaranteed that rape cases will receive priority attention from prosecutors, and it has enhanced coordination among participating agencies. One of the SRCC's most impressive achievements is its capability of giving free emergency medical treatment to rape victims. Two hospitals supply private treatment rooms for rape victims, and twelve physicians volunteer their time to give treatment. In addition, public support comes in the form of services furnished by 60 women volunteers and free public service announcements on radio and local television. The SRCC approach to rape crisis assistance is detailed in this report which focuses on the 24-hour hotline, the special procedures used by law enforcement, the services of a trained escort counselor, and physician's use of a rape evidence kit. Project costs and legislative issues are discussed, as are project successes. Results of a client survey point to a high rate of satisfaction--86 percent rated SRCC's services "excellent" and 14 percent described them as "good." The arrest rate for reported rapes climbed from 38 to 69 percent, and the conviction rate jumped from 3 to 88 percent. Tabular data are provided, and several center planning and operating documents which may be of use in planning and operating a similar project are appended. (NCJRS)

204P
Bangor Rape Crisis Center.
Polyot, S.
Dial Help, 43 Illinois Avenue, Bangor, ME 04401
1(800)432-7810
Continuing.

Services offered by the Bangor Rape Crisis Center in Bangor, Maine, include a 24-hour toll-free hotline, counseling, advocacy services, and public and professional education. The center is staffed by volunteers and is coordinated with one of the two hospitals in the Bangor area.

205P
Central Maine Medical Center Rape Crisis.
Maurer, J.
Central Maine Medical Center, Lewiston, ME 04240
(207)795-0111
Continuing.

Services offered by Central Maine Medical Center Rape Crisis in Lewiston, Maine, include a 24-hour hotline, the medical examination, counseling, and public and professional education. This rape crisis team is composed of nurses, doctors, and social workers volunteering their time when not on duty at the hospital, in addition to detectives from the appropriate law enforcement agency.

206P
Portland Rape Crisis Center.
Paddock, P.
P.O. Box 1371, Portland, ME 04104
(207)774-3613
Continuing.

Services offered by the Portland Rape Crisis Center include a 24-hour hotline, counseling, advocacy services, public and professional education, and a lending library. The center is staffed by volunteers and is coordinated with all three hospitals in Portland.

DETERMINING FACTORS

207
Rape: Power, Anger, and Sexuality.
Groth, A. N.; Burgess, A. W.; and Holmstrom, L. L.
American Journal of Psychiatry 134(11):1239-1243, November 1977.

Clinical assessments of 133 rapists and the accounts of 92 victims suggest that issues of power, anger, and sexuality are important in understanding the rapist's behavior. The rapists constituted a random sample of those committed for clinical assessment at the Massachusetts Center for the Diagnosis and Treatment of Sexually Dangerous Persons. The victims were 92 adults selected from 146 victims of sexual assault treated at Boston City Hospital during a 12-month period. Analysis of the accounts and assessments indicate that (1) anger, power, and sexual motivations seem to operate in each rape, but the proportion varies and one issue seems to dominate in each instance; (2) sex never constituted the major issue for either the rapist or the victim; and (3) the victims' major trauma resulted from their sense of helplessness and loss of control, experience of themselves as objects, and experience of their lives as being threatened. A clinical typology of offenders was developed that includes the power rape, in which the offender seeks power or control over the victim through intimidation, physical force, or threats; the power-assertive rape, in which the offender expresses his virility, mastery, and dominance; the power-reassurance rape, committed to resolve the offender's doubts about his sexual adequacy and masculinity; the anger rape, in which the offender expressed anger, rage, contempt, and hatred for the victim by beating, sexually assaulting, and degrading her; the anger-retaliation rape, in which the rapist humiliates or degrades his victim as a expression of hostility and rage toward women; and the anger-excitation rape, in which the rapist finds pleasure and excitement in sadistic punishment of his victim. Use of the typology provides a means of differentiating offenders with regard to identification, disposition, treatment planning, and prognosis. Further research should be undertaken to determine whether the trauma reaction varies according to the motivation of the rapist and to ascertain whether conviction rates differ across the types of offenders. 24 references.

208

Indianapolis (Indiana)--Marion County--Careers in Crime Interception Project: Final Narrative Report, October 9, 1976-January 14, 1979.

Kelley, J. F.
Indianapolis, Ind., Marion County Prosecutor, 70 p., 1979.

A 3-year LEAA-sponsored project in Indiana to reduce recidivism rates in homicide, rape, robbery, and burglary was completed with mixed results. The greater Indianapolis-Marion County Careers in Crime Interception Project was launched in 1976. It required close cooperation between program officials and the police, courts, and corrections agencies. Local crime rates dropped, and the relations among agencies involved was productive, despite the indictment of some local police officers by a Marion County grand jury for corrupt police practices. The career criminal defendant profile, which was to be compiled by a target profile refinement unit (consisting of a psychologist and a social worker), was never completed because of its largely academic goals contrasting with the prosecution-oriented approach of the project. The project focused mainly on quick prosecution and trial of habitual offenders, as well as tightening and clarifying the application of existing criminal laws for the four target crimes. A deeper knowledge of the career criminal, considered necessary to promote more efficient prosecution in the trial process, was only partly achieved due to the project's failure to complete the career criminal profile. However, several areas are described in which the project succeeded in expediting the judicial process, especially with regard to the availability of witnesses. The individual criminal histories of career criminal defendants were traced, enabling judges to make more informed decisions regarding pretrial releases on bail, and aiding prosecutors to avoid plea bargaining with defendants without knowing their criminal histories. Project officials also succeeded in having some input in shock probation, parole, and clemency hearings involving recidivists. The conviction rates did not increase as was hoped, because project officials were unable to monitor all case activities, even those they had originally screened. A better rate of success was achieved in the area of selecting career criminals for priority prosecution. Tabular data are appended. (NCJRS)

209

Alcohol and Rape.

Rada, R. T.
Medical Aspects of Human Sexuality 9(3):48, 55, 59-60, March 1975.

Recent evidence suggests a high association among alcohol, alcoholism, and violent sexual crimes, particularly rape. Drinking at the time of rape has been reported as high as 50 percent in some studies, and the alcoholism rate among apprehended rapists has been reported to be as high as 35 percent. A study of the relationship between alcoholism and rape in 77 rapists indicated that, in comparison with nonalcoholic rapists, alcoholic rapists were more likely to be drinking at the time of the rape, more likely to have a history of drugs other than alcohol, and more likely to have been using drugs in conjunction with alcohol at the time of the rape. Rape by the alcoholic offender is frequently just one in a series of maladaptive and self-destructive behaviors resulting from the overall personality deterioration secondary to addiction. It seems that there are a small number of subjects in whom alcohol chemically triggers certain sexual fantasies and physical sensations that do not occur under nonalcoholic conditions. Though the disinhibition theory is the most prevalent hypothesis used to explain the association between alcohol use and rape, research should be undertaken to assess chemical effects of alcohol that may act to stimulate sexual desire rather than dull inhibitions. Research should be undertaken to determine the effect of alcohol on levels of plasma testosterone, high levels of which have been found in violent rapists. 9 references.

210
Alcoholism and Forcible Rape.
Rada, R. T.
American Journal of Psychiatry 132(4):444-446, April 1975.

Data collected in this study of the autobiographies of 77 convicted rapists revealed that 50 percent of them were drinking at the time of the rape and that 35 percent were alcoholics. The author reviews several theories which have been suggested to explain the relationship between alcohol and the commission of sexual and-or violent crimes. It is stated that the strong association between alcohol and rape indicated by these results highlights the importance of follow-up treatment programs for the ex-offender. Such programs, the author maintains, should focus on adequate control of the offender's drinking behavior as well as on his sexual adjustment. (NCJRS)

211
Commonly Asked Questions About the Rapist.
Rada, R. T.
Medical Aspects of Human Sexuality 11(1):47, 51-53, 56, January 1977.

Understanding the psychology of the rapist offers increased opportunities for rape prevention. Observers and researchers have determined that (1) there is no set of character traits that typifies the rapist, though a number of typologies of rapists have been developed; (2) the primary motivations for rape are anger and the need to dominate; (3) many rapists have established socially acceptable relationships with women; (4) some rapists report normal sexual relationships with some women; (5) a high frequency of impotence during rape does not seem to be confirmed by rapists or victims, though there is some controversy over this subject; (6) impotence does appear to be common when humiliation is a primary motivation of the rapist; (7) at least 50 percent of rapists tend to commit other types of sexual offenses such as voyeurism and exhibitionism; (8) most rapes are carefully planned and often follow elaborate ritualistic behaviors; (9) impulsive rapists are usually sociopaths; (10) many sexual offenders are not violent toward their voluntary sexual partners; (11) gang rape is more common than supposed, usually involves adolescent rapists, and often involves a convert homosexual bond among the rapists; and (12) rapists generally fantasize about rape. 12 references.

OFFENDER TREATMENT

212
Blame Models and Assailant Research.
Brodsky, S. L. and Hobart, S. C.
Criminal Justice and Behavior 5(4):379-388, December 1978.

Various treatment programs for sexual aggressives operate from a set of assumptions, called blame models. Each blame model hypothesizes why sexual assault occurs. The authors review four such blame models, including the offender blame model, the victim model, the situational model, and a societal model. (ERIC)

213
An Alternative Model for the Treatment of Sex Offenders.
Sterling, J. W.
Offender Rehabilitation 1(1):83-87, 1976.

Describes the Positive Approaches for Sex Offenders (PASO) program which attempts to provide a treatment alternative to incarceration for sex offenders. (ERIC)

NATIONAL PROGRAMS, CLEARINGHOUSES, AND DATA BASES

214
The National Clearinghouse on Marital Rape: Acquiring Material on Something That Does Not Legally Exist in Most States.
Calderon, E.
Library Acquisitions: Practice and Theory 5(3-4):153-155, 1981.

In response to the interest in the Greta Rideout (the first woman who charged her husband with rape while they were still living together) case, an independent researcher has begun to compile research on marital rape through a network of researchers and a subscription to a clipping service. The clearinghouse, which has operated since May 1981, has compiled 700 items that include clippings, theses, studies, law review articles, professional papers, letters from victims, testimony at legislative hearings, legislation, sections of books, book reviews, bibliographies, and cassette tapes of radio and television programs. The major subject headings include articles, statistics, men raped by women, films, legal articles, police training manuals, studies, medicine, violence to plaintiffs' attorneys, prosecution of assailants-rapists, district attorneys' policies and studies, differential factors in charging: husband should or should not be charged, death to women, self-defense, conferences, shelters-centers, lesser charges, charges, cases, marital rape legislation (subheaded by State and issue), trial personnel, convictions, the Federal criminal code and Federal legislation, and civil suits.

215P
Centers for Disease Control.
Atlanta, GA 30333
(404)329-3850; FTS 236-3850
Continuing.

The Centers for Disease Control (CDC), an agency of the Public Health Service, Department of Health and Human Services, provides epidemiologic assistance at the request of State and municipal health officials on problems of public health significance. Although not the primary Federal agency dealing with rape, CDC is involved in the administration of the Preventive Services Block Grant which provides monetary resources for rape services and prevention. CDC is directly involved with the overall prevention of premature disability and death and health promotion and education as they relate to prevention and to health risk assessment including personal violence and injury control and related interventions. As such, CDC is one of several resources in the area of rape services and prevention. Additionally, through the Health Education-Risk Reduction Grant Program administered by the Centers for Disease Control, inventories of health education programs and services have been conducted in each State. Rape prevention programs and services may have been included in some of these State inventories as each State defined the range of health education activities included in its inventory.

216P
Educational Resources Information Center (ERIC).
U.S. Department of Education, National Institute of Education, 1200 18th Street, N.W., Washington, DC 20208
1965 - Continuing.

Educational Resources Information Center (ERIC) was established in the mid-1960's by the National Institute of Education of the Department of Health, Education, and Welfare as a service to educators throughout the country. ERIC makes available through hundreds of libraries and information centers over 300,000 published and unpublished materials in the field of education: research reports, evaluation studies, curriculum guides, lesson plans, bibliographies, course descriptions, theses, journal articles, pamphlets, and other hard-to-find materials. Because of the decentralized nature of U.S. education, ERIC was designed as a network of clearinghouses located at various universities and professional associations and organizations throughout the country. The separate clearinghouses are integrated through a central computerized facility which serves as a switching center for the entire network. These 16 clearinghouses seek out, gather, coordinate, index, and catalog materials in their particular subject area of education, and ERIC provides abstracts of all these materials in monthly catalogs available at over 700 educational libraries, departments of education, and information centers. These catalogs are "Resources in Education" and "Current Index to Journals in Education." Additionally, these catalogs are stored in a computerized format so that they can be searched online. ERIC also provides through its ERIC Document Reproduction Service inexpensive microfiche and paper copies of the complete text of many of the noncopyrighted and unpublished materials. The ERIC Clearinghouse on Counseling and Personnel Services identifies, acquires, and maintains materials relevant for counselors and personnel workers in their preparation and practice at all educational levels and in all settings--educational, occupational, rehabilitation, and community. The counseling of special population groups, e.g., women, prisoners, youth groups, minority groups, and pregnant teenagers, is one focus of this clearinghouse and, therefore, rape prevention and intervention are areas of specific interest. (ERIC Clearinghouse on Counseling and Personnel Services, University of Michigan, School of Education Building, Room 2108, E. University and S. University Streets, Ann Arbor, MI 48109. Telephone: (313)764-9492; ERIC Document Reproduction Service, P.O. Box 190, Arlington, VA 22210)

217P
The National Center on Women and Family Law.
799 Broadway, Room 402, New York, NY 10003
(212)674-8200
Continuing.

The National Center on Women and Family Law is a legal services backup center which provides technical assistance to advocates on legal issues which affect women and families. The center publishes a newsletter, distributes manuals and information packets, and responds to individual information requests. The center also does litigation, litigation assistance, and training, and produces policy analysis papers. The services of the center are appropriate for use by attorneys, district attorneys, judges, victim-witness assistance programs, and advocates of battered women and rape victims. The center's work focuses on: (1) litigation on behalf of battered women against police, prosecutors, and courts; (2) defending State legislative remedies for battered women from constitutional challenges; (3) issues relating to battery and child custody problems; (4) civil suits for rape victims; (5) marital rape; (6) intrafamily custody disputes, including child snatching, joint custody, and sex discrimination in custody standards; (7) divorce mediation and pro se (in one's own behalf or in person) divorce. The center distributes a publications list and over 60 different resource packets. All requests must be in writing.

218P
National Criminal Justice Reference Service.
P.O. Box 6000, Rockville, MD 20850
(202)251-5500
Continuing.

The National Criminal Justice Reference Service (NCJRS) is an international information clearinghouse of the Department of Justice, National Institute of Justice. This centralized information resource, established in 1972, contains over 65,000 records including published and unpublished research reports, program descriptions and evaluations, books, dissertations, theoretical and empirical studies, handbooks and standards, journal articles, and audiovisual materials. The NCJRS is a primary resource for information on law enforcement and criminal justice.

219P
National Rape Information Clearinghouse (NRIC).
National Center for the Prevention and Control of Rape, National Institute of Mental Health, 5600 Fishers Lane, Room 1599, Rockville, MD 20857
(301)443-1910
1976 - Continuing.

The National Rape Information Clearinghouse (NRIC), established in 1976, responds to inquiries from researchers, the professional community, and the general public; maintains a listing of rape prevention and treatment resources to help people locate services available in their community and to facilitate networking among those working in the field of sexual assault; and develops and disseminates materials. Computer searches are conducted of the professional literature. Bibliographies, selected references, monographs, and research papers are disseminated. Ten directories corresponding to the Department of Health and Human Services regions are available describing rape prevention and treatment programs in each region. The listings are updated continually in the NRIC computer file. Other publications include subject area bibliographies, resource listings, computer searches of the National Clearinghouse for Mental Health Information data base, summaries of research grants awarded, grant application information, and a monograph on rape prevention for older women. A multimedia package for rape prevention education in high schools may be borrowed from the National Center for the Prevention and Control of Rape. Two recent significant films produced by the center, (1) "Rape: Caring for the Adult Female Victim," a medically oriented film, and (2) "Rape: Victim or Victor," are available on a 5-day free loan basis through Modern Talking Pictures, 5000 Park Street, N., St. Petersburg, Florida 33709, (813)541-6661. Two recent publications are (1) "Public and Private Sources of Funding for Sexual Assault Treatment Programs" and (2) "He Told Me Not To Tell," a prevention booklet for parents. The clearinghouse maintains a computer listing of rape programs and resources in the 50 States, the Territories, and Canada.

BIBLIOGRAPHIC RESOURCES

220
Rape and Rape-Related Issues: An Annotated Bibliography.
Kemmer, E. J.
New York, Garland, 183 p., 1977.

Text contains 348 items published in English from 1965 through the summer of 1976 on medical, legal, and social aspects of rape. Most of the references were published in the United States. The items are arranged alphabetically by author with an index of periodicals represented and a detailed subject index. Periodicals (law reviews, medical journals, journals devoted to psychotherapy and counseling, and popular magazines) are included as well as books, book chapters, and symposia reports. Topics covered include prevention, psychology of offenders, offender treatment, victim treatment, state statutes, criminal justice involvement, feminist perspectives, group rape, rape crisis centers, and venereal disease. (NCJRS)

221
Resource Materials on Sexual Assault.
National Center for the Prevention and Control of Rape (DHHS, ADAMHA), Rockville, Md.
Rockville, Md., the Center, 18 p., 1978.

This annotated list of sexual assault programs and printed materials covers rape programs, medical treatment, the criminal justice system's handling of sexual assault cases and miscellaneous materials. Materials included in the rape programs section include items on counseling procedures, community education, and self defense. Materials are from rape crisis centers in Boston, the District of Columbia, Louisville, Ky., and other cities. Other materials are from the National Center for the Prevention and Control of Rape and from advocacy groups in Ohio, Texas, and other States. The medical protocol section lists printed materials developed by a variety of sources dealing with the medical examination, interview, and treatment of victims of sexual assault. The criminal justice section lists printed materials dealing with police, legal action, and legislation related to sexual assault. In the final section, descriptions and lists of materials available from a variety of sexual assault programs around the country are provided. Availability information is provided for each item, and program addresses are listed. Over 60 annotated items are included, and information available from 6 programs is listed. (NCJRS)

222
The Rape Bibliography: A Collection of Abstracts.
St. Louis Feminist Research Project, Mo.
St Louis, Mo., the Project, 96 p., 1976.
Available from: Centers for Disease Control, Center for Health Promotion and Education, Educational Resources, Atlanta, GA 30333.

The bibliography contains 169 abstracts of scholarly books and articles published in English after 1970 and 274 citations of previously published items in four subject areas: legal, medical, psychological, and sociological aspects of rape. A popular press section containing 87 citations and 12 abstracts is also included which covers all four subject areas.

223
Toward the Prevention of Rape: A Partially Annotated Bibliography.
Walker, M. J., ed.
(Montgomery, Ala.,) University of Alabama, 104 p., 1975.
Available from: NCJRS; Accession No. 016783.

Listing of books and over 150 annotated articles on rape and its consequences on the victim, the assailant, and the community. Material covered in this bibliography ranges from research papers and government reports to crisis center publications and popular articles. Literature dealing with the victim includes discussion of her role in the assault, the response of the legal, medical, and community persons to her, and the psychological reaction of the experience on the victim and her family. Two main areas discussed in literature on assailants are diagnosis and treatment. Sources for the annotations included Crime and Delinquency Abstracts, National Institute of Mental Health (computer printouts), Psychological Abstracts, National Criminal Justice Reference Service, and Dissertation Abstracts International. Abstracts from these sources are noted in the text. Part II of the bibliography lists unannotated articles and books which also relate to rape. (NCJRS)

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